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CONTRIBUTORS.

ANDREWS, E., 307.
ARMSTRONG, A. M., 196.
ARMSTRONG, R., 87.
ATKINSON, WM. B., 263.

BAILHACHE, B. A., 196.
BALLIET, L. B., 65.
BEDELL, C. C., 22.
BERGER, M., 308.
BIRDSALL, SAMUEL, 446.
BLACKWOOD, WM. R. D., 92.
BOYLAND, G. HALSTED, 116, 334.
BULLOCK, J. G., 304, 484.
BYRD, WM., 505.

CARTER, MARCUS, 458.
CHAMBERLAIN, G. V., 42.
CHASE, S. B., 392.
CLEVELAND, J. A. H., 243.
COHEN, J. SOLIS, 30, 159, 246.
COMPTON, J. W., 152, 412.
CROTHERS, T. D., 48.

DA COSTA, PROF., *Clinic*, 31, 55.
DALY, W. H., 85, 368.
DAVIS, S. T., 119, 333, 401.
DENNY, B. W., 219.
DICKINSON, G. E., 523.
DIVELBISS, S. B., 43.
DIXON, J. N., 480.
DODDS, F. S., 260.
DUHRING, LOUIS A., 89; *Clinic*, 96, 465.
DULLES, C. W., *Report*, 337, 535.
DUNNING, E. C., 534.

FARNSWORTH, P. J., 21, 502.
FLINT, AUSTIN, SR., 155, 329, 467.
FOX, G. T., 397.

GARRISON, G. W., 268.
GETCHELL, F. H., 204.
GOULD, S. W., 130, 174.
GRIER, R. C., 43.
GROSS, F. H., 26, 164, 426, 448, 486.
GROSS, S. W., *Clinic*, 356.

HALL, C. H., 162.
HAMILTON, GEO., 400.
HAMMOND, W. A., *Clinic*, 120, 359, 537.
HARLEY L. J., 42.
HAZLEHURST, R., 86.
HENDRY, GEO., 502.
HENGST, D. A., 86, 134.
HENLEN, B. A., 546.
HENNING, J. A., 152, 412, 501.
HERRICK, O. E., 175, 457.
HOOPER, L. W., 412.
HORNER, FRED., 51, 436.
HUNTLEY, J. T., 114.
HURD, E. P., 413, 478.
HUTCHISON, J. C., 313.
HUTTON, T. J., 287, 369.

JACOBI, A., 177.
JESSUP, A. J., 546.

KEATING, JOHN M., 206, 423.
KEEN, W. W., 225.
KENNEDY, H. W., 65.
KENNEDY, N. B., 186.
KENNEDY, R. A., *Report*, 188.
KEYSER, P. D., 1.
KUNST, A. H., 130.

LANDESBERG, M., 374.
LAW, G., 437.
LEONARD, C. HENRI, 413.
LEVIS, R. J., 142, 187.
LEWIS, C. H., 436.
LOOMIS, A. H., *Lecture*, 9.

MACCONNELL, W. O., 245.
MARCY, M. S., 219.
MARTIN, W. L., 106.
MAURY, F. F., *Clinic*, 337, 535.
McCOLLOUGH, A. M. F., 370.
MEANY, W. B., 184.
MELLERSH, A. H., 8, 109.
MENARD, E. M., 181.
MERRICK, C. H., 479, 507.
MEYER, LUDWIG, 375.
MILLIGAN, F. H., 485.
MILLS, CHAS. K., 283.
MOORE, R. L., 325.
MORRIS, JOHN, 199.
MORRISON-FISET, G. O., 502.
MYERS, W., *Report*, 359, 461, 467, 483, 537.

NOWLIN, J. H., 137, 331, 480.

OLDBERG, OSCAR, 71.
O'NEAL, J. W. C., 21.
O'REILLY, J. H., 140.

PACKARD, JOHN H., 23, 481.
PALMER, A. B., 501.
PARTENHEIMER, JOHN R., 547.
PAYNE, R. L., 437.
PEASLEE, W. C., 109.
PENNELL, W. W., 174.
PERRYMAN, J. L., 228, 239, 355.
PHARES, D. L., 413.
POLLOCK, C., 139.
PORTER, P. BRYNBERG, *Report*, 74, 381, 402, 510.
PRAEGER, H., 336.

REESE, B. P., 29.
REYNOLDS, DUDLEY S., 161, 303.
RICHARDSON, W. M., 347.
ROBERTS, JOHN B., *Report*, 11, 33, 226.
ROBINSON, S. E., 87.
ROMIG, GEORGE, 42.
ROSS, W. S., 464.

SCHELL, H. S., 6, 54.
SCHENCK, P. L., 312.
SCHUYLER, C. C., 133.
SCOTT, T. J., 20.
SEGUIN, C. C., *Clinic*, 229.
SHOEMAKER, J. V., 111.
SHOLL, EDWARD H., 64.
SMITH, ALBERT H., 67.
SMITH, ROBERT MEADE, 527.
SOZINSKY, T. S., 141.
STERN, WM. C., 108.
STEVENSON, S., 373.
STONEBRAKER, A. S., 260, 280.

THOMAS, R. C., 523.
THOMAS, T. GAILLARD, *Clinic*, 74, 381, 402, 510.
TURNBULL, L., 413.
TURNBULL, CHAS. S., 351.
TYSON, JAMES, 45.

WATSON, L. H., 239.
WETMORE, C. H., 117.
WENZELL, H. P., 443.
WIGHT, J. S., 221, 417, 439.
WILKINS, G. L., 468.
WILSON, F. C., 239.
WOLCOTT, E. B., 399.
WOODBURY, FRANK, *Report*, 12, 31, 33, 55, 79, 164, 395.
WYLIE, WINFRED, 369.

VANCE, REUBEN A., 309.
VANDERBECK, C. C., *Report*, 187.
VAN HARLINGEN A., *Report*, 96, 465.

ZERTUCHE, SEGUNDO, 458.

INDEX.

Abdomen; gunshot wound of the, 100; opening the, to relieve intestinal obstruction, 544.
Abdominal wound in ovariotomy, united with catgut sutures, 67.
Abortion, forced, signs of, 342.
About homœopathy, 393.
Abscess; of lower lip attributed to poisoning by Paris green, 107; mammary, treatment of, 130, 196; palmar, 142; hepatic, carbolic acid in, 146; of the side of the face in a young infant, 178; unrecognized hepatic, the frequency of, 475; syphilitic, sinus following, 489.
Absence, congenital, of the kidney, 144.
Abuse of tobacco, 251.
Acacia in cracked nipple, 128.
Accidental entrance of a centipede into the nostril, 100.
Accidents in catheterization, 42.
Acetate of lead, why it should not be used as a collyrium, 464.
Acid; *acetic*, injections of, in carcinoma, 346; *boracic*, antiseptic and therapeutic properties of, 107; *carbolic;* in typhoid fever, 14; in piles, 21; in carbuncle, 42; in hepatic abscess, 146; medical uses of, 166; in small-pox, 455, 502; test of, 495; spray, inhalation of in phthisis, 496; *cresylic*, test of, 495; *salicylic;* therapeutics of, 408; administration of, 435; recent notes on, 476; *sclerotic*, in fibroids of the uterus, 63; *sclerotinic*, in hæmoptysis, 330; *thymic* therapeutics of, 434.
Acne; rosacea, 40; clinical study of, 111; treatment of, 252; suggestions for, 437.
Action; physiological, of belladonna and atropia on the eye, 1; of purgatives, 195; of toad poison on the human body, 509.
Active principle of ergot, 320.
Actual; results of the St. Louis law regulating prostitution, 218; cautery, treatment of chronic synovitis of the knee joint by the, 448.
Acute; meningitis followed by erysipelas in a rachitical child, 177; thoracic disease, emphysema in, 522.
Adenoid fibroma of mammary gland, 357.
Adherent placenta, 187.
Adhesive plaster in the treatment of umbilical hernia in infants, 62.
Administration; of salicylic acid, 435; of mercury in syphilis, modes of, 522.
Adult, hydrocele in the, 449.
Advantages; of forests, 196; of legal control over prostitution, 259.
Affection, nervous, from worms in the intestinal canal, 341.
Africa, cholera in, 282.
After treatment of tracheotomy cases, 391.
Against; the hypodermic use of morphia, 18; meddlesome midwifery, 29; opium smoking, 44.
Age; forms of consumption peculiar to, 189; and sex in relation to asthma, 212.
Ague, Prussian blue in, 260.
Aid to operation, emphysema as an, 41.
Air baths, 507.
Albumen in the urine, detection of Bright's disease before its appearance, 6.
Albuminuria; occasional non-significance of, 38; during pregnancy, its relation to puerperal convulsions, 275.
Alcohol; as a mental stimulant, 19; in health and disease, 39; danger from its injudicious use in the sick room, 48.
Alcoholism and its management, 105.
Algerian remedy for hydrophobia, 195.
Alkaloid; of belladonna, its physiological action on the eye, 1; of opium, gnoscopine, a new, 392.
Alkaloids of cinchona, their combination with opium, 472.
Altitude; physiological effects of, 305; of yellow fever epidemics, 413.
Alum in baking powders, 544.
Alumni Association of Jefferson Medical College on the death of Dr. Atlee, 260.
Amenorrhœa, treatment of, 146.
American; medical association on the "contract system," 21; laryngological association, 153; women, inebriety in, 237; dermatological association, second annual meeting, 247; public health association, 490.
Ammonium, phosphates of, in diabetes mellitus, 173.
Amputation; double, of the legs, 11; of hip joint, for removal of osteo-cephaloma of femur, 188.
Amyl, nitrite of; with chloroform, as an anæsthetic, 65; as a sedative, 448; purity of, 500.
Anæmia, pernicious, 60.
Anæsthetic, nitrite of amyl with chloroform, as an, 65.
Anæsthetics; deaths from, 19; in childbirth, 144.
Analyses, two, 84.
Anasarca complicating pregnancy, 484.
Anatomy of hip-joint disease in childhood, 295.
Aneurism; aortic, 271; electro-puncture in, 540; by transfusion, 308.
Angels, the ministering, 262.
Angina pectoris, its history, symptoms, pathology and treatment, 51.
Angle, inferior, of the scapula, dislocation of the, 35.
Anhydrotic, cotoin as an, 346.

Animal vaccination in Prussia, 164.
Animals; lower; typhoid and intermittent fever in the, 41; phthisis in the, 145; diseased, handling and use of the meat of, 141, 251.
Animus of suits for malpractice, 218.
Ankle, ulcer surrounding the, 87.
Anorexia, 217.
Anti-; ferment, glycerine as an, 216; vaccination in Canada, 460; hemorrhagic, venesection as an, 472.
Antiseptic; properties of boracic acid, 107; treatment of wounds, 116, 334; of diphtheria, 254.
Anus, fissure of, 490.
Aortic aneurism, 271; electro-puncture in, 540.
Aphasia in children, 494.
Aphonia, hysterical, 513.
Apoplexy, with heart disease, its treatment, 58.
Apostle of temperance, a real, 176.
Appearance of albumen in the urine, detection of Bright's disease prior to the, 6.
Application of the benzole cautery for the relief of pain following an obscure injury of the back, 142.
Applications; hot, externally, to arrest post-partum hemorrhage, 400; of cold water in peritonitis, 512.
Army, Turkish, medical corps of the, 372.
Arnica; in boils, 40; in bee stings, 43.
Arrest; of tuberculosis, 157; of post-partum hemorrhage by heated applications externally, 400.
Arsenic in nervous exhaustion, 517.
Arsenical; preparations as cosmetics, 193; poisoning in the arts, 385.
Art, plant forms in, 482.
Artificial; coloring of food, 252; respiration, 392.
Ascending colon perforated by gunshot wound, 100.
Ascites, the stomach bandage in, 81.
Aseptic fever, 296.
Association; the American medical, on the "contract system," 21; American laryngological, 153; American dermatological, second annual meeting, 247; of the alumni of Jefferson Medical College on the death of Dr. Atlee, 260; American public health, 282, 490.
Asthma, age and sex in relation to, 212.
Asthmatic attacks at night, exciting causes of, 190.
Astringent, the bael as an, 325.
Asylums for the blind, international congress of superintendents of, 438.
Atheroma, premature, 9.
Athetosis, cases of, 294.
Atkinson's physicians of the United States, 433.
Atlee, Dr.; resolutions of alumni of Jefferson Medical College on the death of, 260; the will of, 327.
Atmospheric organisms, 216.
Atropia, its physical action on the eye, 1.
Attack on quackery, by the Illinois State Board of Health, 393.
Attacks; of asthma at night, exciting causes of, 190; bilious, nature of, 331, 523.
Attitude of the forearm before and after injury, 221.
Aural; furunculi, 106; surgery, 397.
Authorities, ministers as, 83.

Baby foods, 363.
Back; application of the benzole cautery for the relief of pain following an obscure injury of the, 142; broken, 289.
Bael, as an astringent, 325, 500.
Baking powders, alum in, 544.
Baldness, the treatment of, 451.
Bandage; of the stomach in ascites, 81; for ulcers, Dr. Martin's, 279.
Base; of the brain; tumor of the, distinguished from double hemiplegia from embolism, 56; of the radius, nature of fractures of the, 417, 439.
Bath; cold, in febrile diseases, 167; of sun and air, 507.
Batiator root, 478.
Battle of the ligatures, 362.
Batteries, pocket, 262.
Bearings; medical, of the Chinese question, 236; medico-legal, of fractures of the base of the radius, 417, 439.
Bee; stings, tincture of arnica in, 43; stinging, as a remedial measure, 44, 87; unusual effect of, 130, 174.
Beer, drinking, excessive, effects of, 279.
Belladonna; its physiological action on the eye, 1; effects of an overdose of, 411.
Benzoate of soda in infectious fever, 128.
Benzole cautery, its application for the relief of pain following an obscure injury of the back, 142.
Berlin treatment of scarlet fever, 194.
Bilious diseases; what are they? 331, 523; treatment of, 413.
Bismuth, subnitrate of, 342.
Bite; of a cat, 412; of mosquitoes, 478.
Bladder, a new searcher for detecting minute fragments of stone in the, 307.
Bleeding piles, internal, treatment of, 253.
Blind; education of the, 176; international congress of superintendents of asylums for the, 438.
Blood, harmlessness of urea in the, 430.
Blue, Prussian, in malarial fever, 196, 260.
Board of health; of Illinois attacking quackery, 393; proposed national, 453.
Bodies, foreign, removal of, from the ear, 319.
Body, human, action of toad poison on the, 509.
Boils, arnica in, 40.
Bone; thigh; intra-capsular fracture of the neck of the, 26; subcutaneous division of the neck of the, 295; the structure of 33; relation of to general nutrition, 33; the percussion of, 385.
Bony skeleton, function of the, 34.
Boracic acid, antiseptic and therapeutic properties of, 107.
Borax in clergyman's sore throat, 150.
Brain; double hemiplegia from embolism distinguished from tumor of base of the, 56; specific gravity of, 151.
Breast; chronic scirrhous carcinoma of the, 358, 490; supernumerary, 472.

Breech presentations, the correct method of managing, 402.
Brief notes from London, 85, 368.
Bright's disease; detection of, before the appearance of albumen in the urine, 6; jaborandi in, 128.
Broken back, 289.
Bromide; of potassium, 151; bronchial catarrh from, 325; maculo-papular eruption due to, 466.
Bromine poisoning, chronic, 8.
Bromism, dangers of, 411.
Bronchial catarrh from bromide of potassa, 325.
Bronchitis, chronic, simulating phthisis, 9.
Brooklyn fasting girl, 504.
Brutes, the function of intelligence in, 367.
Bubo, chancroids and, 338.
Buildings, public, ventilation of, 250.
Burn; death from a, 188; treatment of, 188
Burr of the dental engine, destruction of an exostosis of the nasal passage by the, 30.

Calcium, pills of chloride of, 500.
California; leprosy in, 153; remedies, the new, 547.
Call for cremation, 306.
Campagna, sanitary reformation in the, 415.
Can; syphilis be produced from heifer vaccination, 129; any one have typhoid fever after forty, 499.
Canada, anti-vaccination in, 460.
Canal, intestinal, nervous affection produced by a collection of worms in the, 341.
Cancer; gastric, condurango in, 300; epithelial, vs. mucous tubercle, 428.
Capsular wounds of the knee joint, their management, 297.
Carbolic acid; in typhoid fever, 14; in piles, 21; in carbuncle, 42; in hepatic abscess, 146; medical uses of, 166; poisoning, sulphate of sodium in, 173; in small-pox, 455, 502; test of, 495; inhalation of spray of, in phthisis, 496.
Carbuncle, carbolic acid in, 42.
Carcinoma; acetic acid injections in, 346; of the breast, 358.
Cardiac triangle, determination of the, 473.
Caries, of the vertebræ, diagnosis of, 231.
Case; of depressed cranial fracture, 8; of chronic bromine poisoning, 8; of malarial hæmaturia successfully treated on the mercurial plan, 43; of pernicious anæmia, 60; of puerperal peritonitis, 64; of tinea trycophytina unguium, 89; of separate investments of the palato-glossi muscles, 99; of placenta prævia, 108; obscure, of cerebral disease, 114, 260; of universal pulse, 122; of preputial irritation, 139; of second development of papillomas in the larynx, 159; of superfœtation, 219; pocket-instrument, 225; of cyst on vocal cord removed by forceps, 246; of aneurism by transfusion, 308; of drainage of the pleural cavity, 333; of lupoid, 412; of purpura hemorrhagica, 458; of gunshot wound, with a piece of tooth imbedded in the tongue, 481; an unusual midwifery, 546; of retarded vaccination, 547.
Cases; in practice, treated by electricity, 92; of rodent ulcer treated by the caustic potassa, 245; of athetosis, 294; of hernia reduced by unusual methods, 373; four, of epithelioma, 467.
Castor oil production in Illinois, 371.
Cat, bite of a, 412.
Catalepsy, the treatment of, 145.
Cataract operations, precautions in, 363.
Catarrh, bronchial, from bromide of potash, 325.
Catgut; as a ligature and sutures in ovariotomy, 67; in laceration of the perineum, 68.
Catheterization, accidents in, 42.
Causation of urticaria by cinchonidia, 456.
Cause; of the peculiar odor of diabetes, 124; of rupture in children, phimosis as a, 217; of leukemia, 237; of goitre, 391.
Causes; of cholera infantum, 12, 137, 196; exciting, of asthmatic attacks at night, 190; of sudden death in diabetes, 301; of insanity, sexual excesses and masturbation, 450.
Caustic potassa in rodent ulcer, 245.
Cauterization; of nævi, 85; of the os in the vomiting of pregnancy, 217.
Cautery; benzole, for the relief of pain following an obscure injury of the back, 142; in the treatment of chronic synovitis of the knee joint, 448.
Cavity, pleural, a new instrument for draining the, 333.
Centipede in the nostril, 100.
Centres, the psychomotor, 544.
Cerebral; disease, an obscure case of, 114, 260; hemorrhage, hemiplegia from, 230; meningitis, temperature in, 271; congestion, 359, 537.
Cerium, oxalate of, in pregnant sickness, 234.
Cervix; laceration of the, 77, 186, 402; epithelioma of the, 381.
Chancre, phagedenic, 488.
Chancroids and bubo, 338.
Changes of matter in fevers, 218.
Character of the yellow fever in Memphis, 260.
Characteristic shooting pains in the legs absent in a case of progressive locomotor ataxia, 120.
Charity, a wise, 154.
Chaulmoogra oil, 218.
Chemical studies, new, 522.
Child; rachitical acute meningitis followed by erysipelas in a, 177; radical cure of hydrocele in a, 449.
Childbirth; anæsthetics in 144; how to diminish the mortality in, 339.
Childhood, the anatomy of hip-joint diseases in, 295.
Children; ovariotomy in, 15; indigo in the diarrhœa of, 40; parasitic disorders of, 125; phimosis as a cause of rupture in, 217; diarrhœa in, 278; aphasia in, 494.
Chinese question, in its medical bearings, 236, 432.
Chloral; hydrate of, in diphtheria, 151; plaster, 173; in traumatic tetanus, 226; poisoning, chronic, 395, 405; as a revulsive, 434; tolerance of hydrate of, 480.
Chloride of calcium pills, 500.

Chloroform; with nitrite of amyl as an anæsthetic, 65; impurities and tests of, 102.
Cholera; infantum, its causes, 12, 137, 196; epidemic, paracetoin as a remedy in, 194; immunity of copper workers from, 250; in Africa, 282; hog, 350.
Chorea, treatment of, 194.
Chronic; bromine poisoning, 8; bronchitis simulating phthisis, 9; cystitis relieved by cystotomy, 33; diarrhœa, water injections in, 150; carbolic acid poisoning, sulphate of sodium in, 173; ulcer of the leg, treatment of, 319; scirrhous carcinoma of the breast, 358; chloral poisoning, 395, 405; synovitis of the knee joint treated by the actual cautery, 448; follicular laryngo-pharyngitis, operation for, 505.
Cinchona alkaloids combined with opium, 472.
Cinchonidia as a cause of urticaria, 456.
Claim for priority in the use of carbolic acid in small-pox, 455.
Classification and nomenclature of diseases of the skin, 311.
Clavicle, fracture of the, 289.
Cleanliness in surgery, 167.
Clergyman's; sore throat, borax in, 150; testimony on the sanitary supervision of prostitution, 524.
Climate; of northern Georgia, 151; of Cyprus, 306.
Clinical; observations on the use of catgut in gynecological practice, 67; study of acne, 111; remarks pertinent to recurrence of papillomas in the larynx, 159.
Cod-liver oil; emulsion, 409; its preparation, 433.
Coffee, effect of, 456.
Cold; bath in febrile diseases, 167; or warm water in fevers, 172; sponging in tuberculosis, 297; water applications in peritonitis, 512.
Collection of worms in the intestinal canal productive of severe nervous affection, 341.
Colles' fracture, the pathology of, 213.
Colon, ascending, perforated by gunshot wound, 100.
Colored races, skin grafting in the, 130.
Coloring of food, artificial, 252.
Collyrium, why acetate of lead should not be used as a, 464.
Coma, differentiated from drunkenness, 521.
Combination of the cinchona alkaloids with opium, 472.
Commission; to investigate the yellow fever epidemic, 349; national, for relief of yellow fever sufferers, 459; a permanent scientific and medical, 481.
Compensatory emphysema in acute thoracic diseases, 522.
Complication of pregnancy with anasarca, 484.
Composition of gases, 279.
Conditions of health in the infant, 263.
Condurango again in gastric cancer, 300.
Confidence, nothing like it, 328.
Congenital absence of the kidney, 144.
Congestion; hepatic, produced by disease of the heart, 179; cerebral, 359, 537.
Congress; of hygiene, international, 250; of legal medicine, 305; of superintendents of asylums for the blind, 438.
Conjugal onanism, 340.
Conscience, modern view of, 279.
Consideration of the causes of cholera infantum, 12.
Constitutional syphilis, 428, 488.
Consumption; large, of opium, 151; forms of, peculiar to age and sex, 189.
Consumptives, when they should travel, 216.
Contagion of scarlatina and diphtheria, 545.
Contagious; diseases, the incubative period of, 296; pneumonia, 320; epidemics of, 362; is yellow-fever personally, 480.
Contract system, the, 21.
Contraction, hour-glass, of uterus, 187.
Contribution to the therapeutical use of iodoform, 374.
Control, of prostitution, advantages of, 259.
Contusions; of the eyeball, 184; of the elbow joint, 187; of the ulnar nerve, 231.
Convalescence from enteric fever, high temperature during and after, 85.
Converts to temperance legislation, 301.
Convulsions; uræmic, origin of, 129; infantile, treated by ether hypodermically, 217; puerperal, treatment of, 254; relation of albuminuria to, 275.
Cooking by the sun, 371.
Copper; workers, their immunity from cholera, 250; therapeutic uses of sulphate of 472.
Copyrighted medicines, 367.
Cord; umbilical, hard knot in the, 108; spinal, diagnosis of incipient caries of the vertebræ from disease of the, 231; vocal, cyst on, removed by forceps, 246.
Corps, the medical, of the Turkish army, 372.
Corpses, poisons developed by putrefaction in, 195.
Correct method of managing breech presentations, 402.
Correction of optical defects with spectacles, 161.
Cosmetics, arsenical preparations as, 193.
Cotoin as an anhydrotic, 346.
Counterblast against opium smoking, 44.
Counter-irritation for stings, 346.
Courage needed, 325.
Courses, preliminary medical, 366.
Cracked nipple, acacia in, 128.
Cranial fracture, depressed, 8.
Craniology, recent, 408.
Cranium; its development in doctors, 63; fracture of the, 271.
Cramp, telegraphist's, 59.
Crayons, elastic, of nitrate of silver, 85.
Creasote; in phthisis, 128; test of, 495.
Cremation; society, 65; the usefulness of, 300; called for, 306.
Cresylic acid, test of, 495.
Croup; tracheotomy in, 99; tracheal injections in, 168; and diphtheria, 502.
Cul-de-sac of Douglas, tumor of the ovary in, 511.
Culture of mint in New York, 44.

Cure; of hydrophobia, 129; of insanity, fever as a, 151; radical, for hernia, 300; radical, of hydrocele in a child, 449; Syrian, for hydrophobia, 477.
Curious; results of a bee sting, 174; form of insanity, 545.
Customs, medical, in England, 88.
Cyprus, climate of, 306.
Cyst; of the tongue, 179; on vocal cord removed by forceps, 246.
Cystic tumor of the face, 489.
Cystotomy, for the relief of chronic cystitis, 33.
Cysts, hydatid, their treatment, 169.

Daltonism, 85.
Danger; from the injudicious use of alcohol in the sick room, 48; relative, of version and forceps, 367; of bromism, 411.
Decimal system, the, 479.
Decline of the yellow fever, 282.
Dead, embalming the, 456.
Deaths; from anæsthetics, 19; from ovariotomy, 68, 401; of Rokitansky, 110; from a burn, 188; of Dr. Atlee, 260; of physicians from yellow fever, 281, 415; sudden, in diabetes, the causes of 301; point, thermal, of septic organisms, 391.
Defects, optical, their correction with spectacles, 161.
Deficient renal elimination, 150.
Degeneration, fungoid, of the uterine mucous membrane, 404.
Delivery; by forceps, position in, 152; instrumental, in childbirth, 186.
Dementia paralytica, treatment of, 375.
Dental engine, destruction of an exostosis in the nasal passage by the burr of the, 30.
Dentition, is it one of the causes of cholera infantum? 137.
Depressed cranial fracture, 8.
Depression, prolonged mental, psychology and hygiene in the treatment of disorders arising from, 140.
Derangements, hysterical, of vision, 124.
Dermatological association, American, second annual meeting, 247.
Destruction of an exostosis in the nasal passage, by the burr of the dental engine, 30.
Detection; of Bright's disease before the appearance of albumen in the urine, 6; of feigned insanity, 233; of miliary tubercle, thermometry as a guide in the, 279; of minute fragments of stone in the bladder, a new searcher for, 307.
Determination of the cardiac triangle, 473.
Detriment to health, elevated railroads as a, 483.
Development; of the cranium in doctors, 63; second, of papillomas in the larynx, 159; of poisons by putrefaction in corpses, 195; recent views on, 253.
Diabetes; pruritis vulvæ and, 123; mellitus, phosphate of ammonium in, 173; causes of sudden death in, 301; the etiology of, 495.
Diabetics, cause of the peculiar odor of, 124.
Diagnosis; elements of, in non-tubercular hemorrhages from the lung, 31; of idiocy in early life, 101; post-mortem, of nulliparity, 194; of incipient caries of the vertebræ, 231; its value to sanitary science, 542; of early hip disease, 543.
Diarrhœa; infantile, treatment of, 15, 278; indigo in, 40; chronic, water injections in, 150; oxide of zinc in, 499.
Diet; in the treatment of hernia, 37; in yellow fever, 243.
Dietetic; treatment of serous effusions, 14; value of light wines, 129.
Differentiation of coma from drunkenness, 521.
Digestion, physiology of, 529.
Digestive; principle in the gizzard, 346; disorders of infancy, 423.
Digitalis, the employment of, 539.
Diminish the mortality in childbirth, how to, 339.
Diphtheria; hydrate of chloral in, 151; antiseptic treatment of, 254; origin of, 262; false, 361; sulpho-carbolate of quinia in, 367; suggestions for, 437, 455; croup and, 502; relation of diphtheritic fungus to, 517; the contagion of, 545.
Dipsomania, 461.
Disease; *Bright's*, detected before the appearance of albumen in the urine, 6; alcohol in 39; jaborandi in, 128; heart, 58, 179; Hodgkins', 59; cerebral, 114, 260; syphilitic, of the larynx, tracheotomy for, 133; of the spinal cord, 231; treated by Sayre's plaster jacket, 318; hip-joint in childhood, the anatomy of, 295; sunlight in, 325; of tongue, 428; hip, diagnosis of early, 543.
Diseased animals, handling and use of the meat of, 141, 251.
Diseases; epidemic, relation of pneumonia to, 13; statistics of, 131; of women, viburnum prunifolium in, 150; febrile, cold bath in, 167; of the nervous system treated by massage and Swedish movements, 283; contagious, incubative period of, 296; of the skin, classification and nomenclature of, 311; eye, the issue in, 319; bilious, what are they, and why so called, 331; treatment of, 413; specific, innocent sufferers from, 520; acute thoracic, emphysema in, 522.
Discussion; on Hodgkin's disease, 59; recent, about homœopathy, 344.
Disinfectant, naphtha as a, 239.
Dislocation; of the inferior angle of the scapula, 35; of the tibia forward on the femur, 164.
Disorders; parasitic, of children, 125; arising from prolonged mental depression, psychology and hygiene in the treatment of, 140; malarial, eucalyptus in 321; digestive, of infancy, 423.
Displacements, uterine, frequency of 477.
Districts, rural, importance of medical observation in, 543.
Division, subcutaneous, of the neck of the thigh bone, 295.
Doctor, varied plans of paying the, 277.
Doctors, development of the cranium in, 63.
Doctrine of malaria, 20.
Does quinine affect the hearing, 336, 413.
Doses, small, effects of, 199.

Double; amputation of the legs, 11; hemiplegia from embolism distinguished from tumor of base of the brain, 56; ovariotomy, 68; seeing, physiological explanation of, 518.
Doubtful novelties, 455.
Douglas' cul-de-sac, small monocystic tumor of the ovary in, 511.
Draining the pleural cavity, a new instrument for, 333.
Dreams as revelations of future events, 323.
Drinking; beer, excessive, effects of, 279; water the filtration of, 342.
Drunkenness; the repression of, 499; differentiation of coma from, 521.
Duboisin, 534.
Dysmenorrhœa, membranous, the etiology of, 19, 341.

Ear; trumpet, Edison's, 172; removal of foreign bodies from the, 319; hæmatoma of the, 356.
Early; symptoms of tabes dorsalis, 19; operation for ruptured perineum, 60; life, diagnosis and treatment of idiocy in, 101; hip diseases, the diagnosis of, 543.
Eclampsia, venesection in, 152.
Economist in health, 220.
Eczema; marginatum of scrotum and thighs, 87; salicylated ointment in, 173.
Edison's new ear trumpets, 172.

Editorials—
Improved Education of Pharmacists, 17.
The Employment of Alcohol in Health and in Disease, 39.
The Opposition to General Vaccination, 61.
Ministers as Medical Authorities, 83.
Alcoholism and its Management, 105.
The Oneness of Mental and Physical Health, 127.
Is it Best to Eat Little or Much? 149.
Plans of Restraining Groundless Suits for Malpractice, 171.
Arsenical Preparations as Cosmetics, 193.
Suggestions for Fat People, 215.
The Chinese Question in its Medical Bearings, 236, 432.
Warnings from the Pestilence, 257.
Varied Plans of Paying the Doctor, 277.
Historical Questions in Syphilography, 298.
Dreams as Revelations of Future Events, 323.
Recent Discussions about Homœopathy, 344.
The Gradual Extension of General Paralysis, 365.
Why Therapeutics is of so little Account, 389.
The Organization of Lying-in Hospitals, 410.
The Proposed National Public Health Board, 453.
The Frequency of Unrecognized Hepatic Abscess, 475.
The Injurious Effects of the Tobacco Habit, 498.
Innocent Sufferers from Specific Diseases, 520.
The Value of Diagnosis to Sanitary Science, 542.
Thanks, Projects and Requests, 549.

Education; improved, of pharmacists, 17; of the blind, 176; intervention of physicians in, 301; of homœopathists, 435.
Effect; unusual, of bee stings, 130; of coffee, 456.
Effects; injurious, of narcotics, in insanity, 62; of the heat in the Nevada mines, 153; of medicine in small doses, 199; of excessive beer drinking, 279; physiological, of altitude, 305; of rhubarb and santonin on the urine, 321; of an overdose of belladonna, 411; of publicity on suicide, 455; injurious, of the tobacco habit, 498; of winds on health, 544.
Effusion, pleurisy with, 467.
Effusions, serous, the dietetic treatment of, 14.
Egyptian medical school, 44.
Elastic crayons of nitrate of silver, 85.
Elbow joint, contusion of, 187.
Electricity, in practice, 92.
Electrolysis of scrofulous lymphatic glands, 102.
Elephantiasis; of the scrotum simulated by a fatty tumor, 36; of inferior extremity, 486.
Electro-; therapeutics, 152; puncture, in aneurism of the aorta, 540.
Elements of diagnosis and prognosis, in non-tubercular hemorrhages from the lungs, 31.
Elevated railroads as a detriment to health, 483.
Elimination, deficient renal, 150.
Encephalitis, probable, 179.
Endocarditis, ulcerative, with pyæmia, 206.
Engine, dental, exostosis of the nasal passage destroyed by the burr of the, 30.
England, medical customs in, 88.
Engorgements, glandular, treatment of, 41.
England, longevity in, 372.
Enlarged glands, in scarlet fever, treatment of, 476.
Enteric fever, high temperatures during and after convalescence from, 85.
Entirely adherent placenta, 187.
Entrance of a centipede into the nostril, 100.
Enuresis, nocturnal, strychnia in, 391.
Embalming the dead, 456.
Embolism, double hemiplegia from, distinguished from tumor of base of the brain, 56.
Emphysema; as an aid to operation, 41; in acute thoracic diseases, 522.
Employment; of alcohol in health and disease, 39; of digitalis, 539.
Emulsion, cod-liver oil, 409.
Epidemic; diseases; their relation to pneumonia, 13; the periodicity of, 216; reports of, 217, 240, 261, 281, 304, 327, 348, 370, 414, 438, 458, 503, 524, 542; cholera, paracotoin as a remedy, in, 194; of yellow fever, to be investigated, 305; revaccination during an, 361; of contagious pneumonia, 362.
Epidemics; of yellow fever, altitude of, 413; governmental relief in, 503; report on, for 1877, 514.
Epilepsy; 123; remedies in, 455.
Epileptiform neuralgia, 272.
Epithelial cancer vs. mucous tubercle, 428.
Epithelioma; of cervix, uteri, 381; four cases of, 467.
Ergot; in hæmatemesis, 38; in trichina disease,

238; the active principle of, 320; an improved preparation of, 500.
Eruption; maculo papular, due to bromide of potassium, 466.
Erysipelas; following acute meningitis, in a rachitical child, 177; treatment of, 408; of face and scalp, 535.
Erythema, infantile, 180.
Essay on masturbation, prize offered for an, 435.
Ether, hypodermically, in infantile convulsions, 217.
Etiology; of membranous dysmenorrhœa, 19; of yellow fever, 239; of diabetes, 495.
Eucalyptus in malarial disorders, 321.
Events, future, dreams as revelations of, 323.
Examinations; homœopathic, in the University of Michigan, 131; of the heart by palpation, 218.
Excesses, sexual, as exciting cause of insanity, 450.
Excessive beer drinking, effects of, 279.
Excipient for pills, 434.
Excision of scapula, 399.
Exciting; causes of asthmatic attacks at night, 190; causes of insanity, 450.
Exercise, the health-lift as a means of, 150
Exhaustion, nervous; in childbirth, 186; arsenic in, 517.
Exhibitionists, the, 301.
Exit, spontaneous, of a stone from a urinary fistula, 485.
Exostosis of the nasal passage destroyed by the burr of the dental engine, 30.
Experiences in the yellow-fever, 436.
Experimental physiology, 527.
Expert, medical, position of a, 477.
Explanation, physiological, of seeing double, 518.
Exsection of the knee joint, 312.
Extemporized splints, 217.
External applications, heated, to arrest postpartum hemorrhage, 400.
Extirpation of the eye, 272.
Extract of malt, the "Trommer," 394.
Extremities, multiple ulcers of the, 488.
Extremity, inferior, elephantiasis of, 486.
Eye; the physiological action of belladonna and atropia on the, 1; injury and extirpation of the, 272; diseases, the issue in, 319; filaria in the, 351.
Eyeball, contusions of the, 184.

Face; large abscess of the, in a young infant, 178; syphilitic ulceration of the, 337; cystic tumor of the, 489; erysipelas of, 535.
False diphtheria, 361.
Family idiosyncrasy in the use of silver nitrate, 450.
Fasting girl of Brooklyn, 504.
Fat people, suggestions for, 215.
Fatty tumor, resembling elephantiasis of the scrotum, 36.
Feather in the intestine, infantile laryngismus produced by a, 518.
Febrifuge, quinoidine as a, 324.
Febrile diseases, use of the cold bath in, 167.
Fecundity, unparalleled, 324.
Fees, medical, in London, 301.
Feigned insanity, detection of, 233.
Felon, treatment of, 484.
Female; retention of the urine in the, 169; urethra, ulceration of the, 457.
Femur; fracture of the middle third of the, with an ulcer surrounding the ankle, 87; dislocation of the tibia forward on the, 164; osteo-cephaloma of, removal by hip joint amputation, 188; fractures of the, 291.
Fevers; warm or cold water in, 172; changes of matter in, 218.
Fever; as curative of insanity, 151; *enteric*, high temperatures during and after convalescence from, 85, 86; theoretic treatment of, 366, 455; *infectious*, benzoate of soda in, 128; *intermittent*, in the lower animals, 41; iodine in, 300; *malarial*, Prussian blue in, 196; *puerperal*, in Prussia, 327; *rheumatic*, salicylate of soda in, 168; *scarlet*; Berlin treatment of, 194; treatment of enlarged glands in, 476; *septic* and *aseptic*, 296; *typhoid*; carbolic acid in, 14; in the lower animals, 41; treatment of, 170, 407; a renal form of, 212; use of oil of turpentine and Lucca oil in, 334; can one have it after forty, 499; *typho-malarial*, treatment of, 233; *yellow*; its treatment, 175, 181, 304; recent views of, 197; the periodicity of, 217; its incubation, 237; in the Ohio valley, 239; etiology of, 239; nursing and diet in, 243; sporadic, 254; the home of, 259; character of in Memphis, 260, 349; deaths of physicians from, 281, 415; decline of 282; commission to investigate, 349; sanitation in, 347; attitude of epidemics of, 413; experiences in, 436; discussion on, 468; is it personally contagious, 480; in Southern Kentucky, 523.
Few remarks on medical reform, 109.
Fibroid phthisis, 157.
Fibroids; of the uterus treated by sclerotic acid, 63; unusually large one removed, 119; subperitoneal uterine, 510.
Fibroma, adenoid, of mammary gland, 357.
Fifty fractures, and their treatment, 287.
Filaria in the eye, 351.
Filtration of water, 340, 342.
Fissure of anus, 490.
Fistula; urinary, resulting from lithotomy; exit of stone from, 485; vesico-vaginal, 534.
Flesh of diseased animals as food, 251.
Flexible forceps, 336.
Follicular laryngo-pharyngitis, chronic, operation for, 505.
Food; artificial coloring of, 252; for babies, 363.
Foot, fractures of the, 293.
Forced abortion, signs of, 342.
Forceps; delivery, position in, 152; removal of cyst on the vocal cord with, 246; the flexible, 336; the uselessness of the, 339; relative dangers of version and, 367.
Forearm; attitude of, before and after injury, 221; fractures of, 290.
Foreign bodies, removal of from the ear, 319.
Forests, advantage of, 196.
Form; unusual, of tinea tonsurans, with tinea

circinata, 96; of purpura, 97; renal, of typhoid fever, 212; tertiary, of constitutional syphilis, 488; curious, of insanity, 545; of hystero-epilepsy, 545.
Forms; of consumption peculiar to age and sex, 189; plant, in art, 482.
Forward dislocation of the tibia, 164.
Four cases of epithelioma, 467.
Fragments, minute, of stone in the bladder, new searcher for detecting, 307.
Fracture; depressed cranial, 8, 271; intracapsular, of the neck of the thigh bone, 26; of the middle third of the femur, with an ulcer surrounding the ankle, 87; transverse, of the patella, treated by a modification of Malgaigne's hooks, 143, 188; ununited, 172; of the tibia, 145; Colles', the pathology of, 213; of the patella treated with the tourniquet, 254; of the larynx, 370; of the base of the radius, nature of, 417, 439.
France, temperance movements in, 299.
Frequency; of orchitis from mumps, 41; of goitre in Maryland, 152; of unrecognized hepatic abscess, 475; of uterine displacements, 477.
Frostbite, double amputation of the legs for gangrene following, 11.
Function; of the bony skeleton, 34; of intelligence in brutes, 367.
Fungoid; degeneration of the uterine mucous membrane, 404; proliferation of the lining membrane of the uterus, 513.
Fungus, diphtheritic, its relation to diphtheria, 517.
Furunculi, aural, 106.
Future events, dreams as revelations of, 323.

Galvanic treatment of the ulcerated os uteri and vaginal leucorrhœa, 175.
Gangrene; following frostbite, amputation of legs for, 11; senile, 446.
Gases, composition of, 279.
Gastric; cancer, condurango in, 300; ulcer, simulating poisoning, 392.
General; nutrition, the relation of bone to, 33; vaccination, the opposition to, 61; paralysis, the gradual extension of, 365; treatment of, 375; temperature, a means of lowering, 384.
Genito-urinary surgery, 318.
Georgia, northern, the climate of, 151.
Germ theory, the, 501.
Germany, medical students in, 459.
Girl, the fasting, of Brooklyn, 504.
Gizzard, digestive principle in the, 346.
Gland, mammary, pathology and treatment of scirrhus of the, 426.
Glands; scrofulous lymphatic, electrolysis of, 102; adenoid fibroma of mammary, 357; enlarged, in scarlet fever, treatment of, 476.
Glandular engorgements, treatment of, 41.
Gleet, its treatment, 416.
Glottis, spasm of the, 505.
Glycerine as an anti-ferment, 216.
Gnoscopine, a new alkaloid of opium, 392.
Goitre; frequency of, in Maryland, 154; its relations to the hemorrhagic tendency, 296; cause of, 391.
Gonorrhœa, suggestions for, 437.
Gonorrhœal testis, 101.
Gout at the heart, 294.
Governmental relief in epidemics, 503.
Gradual extension of general paralysis, 365.
Grafting skin; in the colored races, 130; method of, 268.
Granular lids, 54.
Grave jokes, 132.
Gravity, specific, of brains, 151.
Groundless suits for malpractice, plans for restraining, 171.
Growths, vascular, of the meatus in women, 189.
Guide in detecting miliary tubercle, thermometry as a, 279.
Gunshot wound; of the abdomen, perforating the ascending colon, 100; severe, 355; a piece of tooth imbedded in the tongue, in, 481.
Gymnastics in schools, 65.
Gynecological practice, use of catgut in, 67, 79.

Habit; the opium, 174; successful treatment of the, 274; tobacco, injurious effect of, 498.
Hæmatemesis, ergot in, 38.
Hæmatoma, of the ear, 356.
Hæmaturia, malarial, treated on the mercurial plan, 43.
Hæmoptysis; from vicarious menstruation, 156; sclerotinic acid in, 330.
Hand; treatment of wounds of the, 38; fractures of the, 291.
Handling and use of the meat of diseased animals, 141.
Hard knot in the umbilical cord, 108.
Harmlessness of urea in the blood, 430.
Have surgeons been mistaken as to the nature of fractures of the base of the radius? 417, 439.
Hawaiian islands, tetanus in the, 117.
Health; alcohol in, 39; mental and physical, the oneness of, 127; lift, as a means of exercise, 150; an economist in, 220; public, a ministry of, 251; in the infant, conditions of, 263; sunlight and solarization in, 325; resorts, the West India Islands as, 347; Illinois State board of, attacking quackery, 393; board, proposed national, 453; resort, Manitoba as a, 456; elevated railroads a detriment to, 483; effects of winds on, 544.
Hearing, does quinine affect the, 336, 413.
Heart; disease, treatment of apoplexy with, 58; producing congestion, 179; hypertrophy of the, 125; palpation in examining the, 218; gout at the, 294; a large, 304.
Heat, effects of in the Nevada mines, 153.
Heated applications externally to arrest postpartum hemorrhage, 400.
Hebra's local treatment of lupus, 145.
Heifer vaccination, can syphilis be produced from, 129.
Hematocele, recurrent, 219.
Hemiplegia; double, from embolism, distinguished from tumor of base of the brain, 56; from cerebral hemorrhage, 230.

Hemorrhage; pulmonary, pathological traces of, 168; cerebral, hemiplegia from, 230; post-partum, treatment of, 339, 400.
Hemorrhages, non-tubercular from the lungs, elements of diagnosis and prognosis, 31.
Hemorrhagic tendency, relations of goitre to the, 296.
Hemorrhoids, 312.
Hepatic; abscess, carbolic acid in, 146; unrecognized, frequency of, 475; congestion, produced by disease of the heart, 179.
Hernia; rendered reducible by rest and diet, 37; umbilical, in infants, treated by adhesive plaster, 62, 65; new radical cure for, 300; reduced by unusual methods, 373.
Hiccough, mechanical methods of relieving, 545.
High temperatures during and after convalescence from enteric fever, 85, 86.
Hip-joint; amputation, 188; disease, in childhood, the anatomy of, 295; diagnosis of early, 543.
Historical questions in syphilography, 298.
History of angina pectoris, 51.
Hodgkin's disease, a discussion on, 59.
Homœopathists, the regular education of, 435.
Hog cholera, 350.
Home; hospitals, 22; of yellow fever, 259.
Homicidal mania, so-called, 62.
Homœopathic examinations in the University of Michigan, 131
Homœopathy, recent discussions about, 344.
Hook, Malgaigne's, transverse fracture of the patella treated by a modification of, 143.
Horse, filaria in the eye of the, 351.

Hospital Reports—
Bellevue Hospital—
Clinic of Prof. Austin Flint, 467.
College of Physicians and Surgeons, N. Y.—
Clinic of Prof. T. Gaillard Thomas, 74, 381, 402, 510.
Clinic of Prof. C. C. Seguin, 229.
Guy's Hospital, London—
Service of Mr. Bryant, 11.
Service of Mr. Lucas, 33.
Jefferson Medical College Hospital—
Clinic of R. J. Levis, M.D., 142.
Clinic of Prof. Gross, 164, 356, 426, 486.
King's County Hospital, Flatbush, L. I.—
Service of Drs. P. L. Schenck and J. C. Hutchison, 312.
Medical Department, University of the City of New York—
Clinic of Alfred L. Loomis, M.D., 9.
Clinic of Prof. Wm. A. Hammond, 120, 359, 537.
Pennsylvania Hospital—
Clinic of Prof. Da Costa, 31, 55.
Notes of cases under the care of Dr. R. J. Levis, 142, 187.
Philadelphia Hospital—
Clinic of Dr. F. F. Maury, 337, 535.
University of Pennsylvania—
Service of Louis A. Duhring, M.D., 96, 465.
Wilkesbarre City Hospital—
Service of J. A. Murphy, M.D., 188.
Hospitals, lying-in, the organization of, 410.
Hot, springs and hot tempers, 371, 412.
Hour; -glass contraction of uterus, 137; how to kill a tapeworm in an, 238.
How; to measure the length of the lower limbs, 191.
Human; skeleton, mechanics of the, 23; body, action of toad poison on the, 509; longevity, 526.
Humerus, fractures of the, 289.
Hydatid cysts, treatment of, 169.
Hydrate of chloral; in diphtheria, 151; tolerance of, 480.
Hydrocele; in a child—its radical cure, 449; in the adult, 449.
Hydrophobia; cure of, 129; Algerian remedy for, 195; the Syrian cure for, 477.
Hygiene; psychology and, in treatment of disorders arising from prolonged mental depression, 140; international congress of, at Paris, 250.
Hygroma, thyro-hyoid, 357.
Hypertrophy of the heart, 125.
Hypodermic; use of morphia, a warning against the, 18; rules for the, 173; injections of ether in infantile convulsions, 217; syringe, a newly-arranged pocket case, containing a, 225; use of mercurialized peptone, 518.
Hysteria; peripheral, 363; the management of, 435.
Hysterical; derangements of vision, 124; aphonia, 513.
Hystero-epilepsy, 123; the form of, 545.

Idiocy in early life, its diagnosis and treatment, 101.
Idiopathic purpura, 178.
Idiosyncrasy, family, in the use of silver nitrate, 450.
Illinois; malaria in, 350; castor oil production in, 371; State board of health attacking quackery, 393.
Imbedding of a piece of tooth in the tongue, 481.
Immunity of copper workers from cholera, 250.
Importance of medical observation in rural districts, 543.
Impressions, maternal, 436, 546.
Improved; education of pharmacists, 17; preparation of ergot, 500.
Impure medicines, 278.
Impurities and tests of chloroform, 102.
Incipient caries of the vertebræ from disease of the spinal cord, diagnosis of, 231.
Incomplete union with catgut sutures, in perineorraphy, 70.
Increase of local temperature in pleurisy, 128.
Incubative period of contagious diseases, 296.
Indigo in the diarrhœa of children, 40.
Inebriety in American women, 237.
Inequality, normal, of lower limbs, 18.
Infancy, the digestive disorders of, 423.
Infectious fever, benzoate of soda in, 128.
Inferior; angle of the scapula dislocated, 35; extremity, elephantiasis of, 486.
Infant; young, large abscess of the side of the face in a, 178; conditions of health in the, 263; treating the, in utero, 367.

Infantile; diarrhœa, treatment of, 15; erythema, 180; convulsions treated by ether hypodermically, 217; laryngismus produced by a feather in the intestine, 518.
Infants, umbilical hernia in, treated by adhesive plaster, 62, 65.
Inflammations of the naso-pharynx, 130.
Influence, maternal, 436.
Information, popular medical, 218.
Inhalation of carbolic acid spray in phthisis, 496.
Inhalations in laryngitis, 80.
Injection; of iodine in the knee joint, 15; of water in chronic diarrhœa, 150; tracheal, in croup. 168; hypodermic, of morphia, rules for, 173; acetic acid, in carcinoma, 346.
Injudicious use of alcohol in the sick room, 48.
Injurious effects; of narcotics in insanity, 62; of the tobacco habit, 498.
Injury; obscure, to the back, application of the benzole cautery for the relief of pain following an, 142; to the forearm, its attitude before and after, 221; of the eye, 272; of the shoulder joint, 536.
Innervation of the uterus and its vessels, 521.
Innocent sufferers from specific diseases, 520.
Insane, non-restraint in the treatment of the, 233.
Insanity; injurious effects of narcotics in, 62; puerperal, the prognosis of, 63, 134; fever as curative of, 151; feigned, detection of, 233; exciting causes of, 450; curious form of, 545.
Insects, location of the special senses in, 391.
Instances of deficient renal elimination, 150.
Instruction, mixed methods of, 501.
Instrument for draining the pleural cavity, 333.
Instrumental delivery, 186, 187.
Intelligence, function of, in brutes, 367.
Intermittent fever; in the lower animals, 41; iodine in, 300.
Internal bleeding piles, treatment of, 253.
International congress; of hygiene, at Paris, 250; of superintendents of asylums for the blind, 438.
Intervention of physicians in education, 301.
Intestinal; obstruction, 273; opening the abdomen to relieve it, 544; canal, nervous affection from collection of worms in the, 341.
Intestine, infantile laryngismus produced by a feather in the, 518.
Intra-; capsular fracture of the neck of the thigh bone, 26; uterine pessaries, 339.
Investment, separate, of the palato glossi muscles, 99.
Iodic purpura, 302.
Iodine; injection of the knee-joint, 15; in intermittent fever, 300.
Iodoform; the use of, 287, 374; a perfumed solution of, 465.
Iowa, malaria in, 350.
Iron, porphyrized, 456.
Irreducible hernia rendered reducible by rest and diet, 37.
Irritable testis, 309.
Irritation; preputial, 139; vesical, value of quinine solution in, 169; plan of counter, for stings, 346.
Is it best to eat little or much? 149.
Islands; Hawaiian, tetanus in the, 117; West India, as health resorts, 347.
Issue in eye diseases, 319.

Jaborandi in Brights' disease and œdema, 128.
Jacket, Sayre's plaster, spinal disease treated by, 318.
Jefferson College; hospital, treatment of rodent ulcer by caustic potassa at the, 245; meeting of the alumni of, in reference to the death of Dr. Atlee, 260.
Joint; knee; iodine injection of the, 15; management of capsular wounds of the, 297; shoulder, injury of the, 536.
Jokes, grave, 132.

Kentucky, southern, the yellow fever in, 523.
Kidney, congenital absence of the, 144.
Kill a tapeworm in an hour, how to, 238.
Killed and wounded, of the Prussians, in the late war, 22.
Knee joint; injected with iodine, 15; management of capsular wounds of the, 297; exsection of the, 312; chronic synovitis of, treated by the actual cautery, 448.
Knot in the umbilical cord, 108.

Labia majora, pediculated tumor of the, 313.
Labor; management of the third stage of, 58; tedious, 190.
Laceration; of perineum treated with catgut sutures, 68; of the cervix, 78, 186, 402.
Lactopeptine, 153.
Large; submucous fibroid tumor of the uterus removed, 119; consumption of opium, 151; abscess of the side of the face in a young infant, 178; heart, 301.
Laryngismus, infantile, produced by a feather in the intestine, 518.
Laryngitis; subacute, treatment of, 41; inhalations in, 80.
Laryngological association, the American, 153.
Laryngo-tracheotomy, 505.
Larynx; tracheotomy for syphilitic disease of the, 133; papillomas in the, 159; fracture of the, 370.
Late; war, Russian killed and wounded in the, 22; uses of pilocarpine, 195.
Lateral and posterior spinal sclerosis, 293.
Laudanum tippling, 238.
Law of St. Louis regulating prostitution, actual results of the, 218.
Lead; therapeutic value of nitrate of, 130; why acetate of should not be used as a collyrium, 464.
Leg; double amputation of the, for gangrene following frostbite, 11; fractures of the, 292; treatment of chronic ulcer of the, 319; syphilitic ulcer of, 337; sinus of the, 536.
Legal; control over prostitution, advantages of, 259; medicine, congress of, 305.
Legislation; temperance, converts to, 301; sanitary, 544.
Length of the lower limbs, how to measure it, 191.
Leprosy in California, 153.

Lessening of pain in operations, 407.
Lessons in ovariotomy, 81.
Letter from Paris, 302.
Leucocythæmia, 329.
Leucorrhœa, vaginal, galvanic treatment of, 175.
Leukæmia; myelogenous, 33; the cause of, 237.
Lids, granular, 54.
Life, early, diagnosis and treatment of idiocy in, 101.
Ligatures of catgut in gynecology, 67; battle of the, 362.
Light wines, dietetic value of, 129.
Limbs; lower, normal inequality of the, 18; how to measure the length of, 191.
Lining membrane of the uterus, fungoid proliferation of the, 513.
Lip, lower, abscess of, attributed to poisoning by Paris green, 107.
Lithotomy, urinary fistula resulting from, 485.
Little food or much, which is best? 149.
Local; temperature, increase of, in pleurisy, 128; treatment of lupus, Hebra's, 145.
Location of the special senses in insects, 391.
Locomotor-ataxia, progressive, without the characteristic shooting pains in the legs, 120.
London; brief notes from, 85, 368; medical fees in, 301.
Longevity; in England, 372; human, 526.
Lower; limbs, normal inequality of, 18; how to measure the length of, 191; animals, typhoid and intermittent fever in, 41; lip, abscess of, attributed to poisoning by Paris green, 107; animals, phthisis in the, 145.
Lowering the general temperature, 384.
Lucca oil in typhoid fever, 234.
Lumbago, 538.
Lungs; elements of diagnosis and prognosis in non-tubercular hemorrhage of the, 31; tuberculosis of the, 157.
Lupoid, a case of, 412.
Lupus, Hebra's local treatment of, 145.
Lying-in hospitals, the organization of, 410.
Lymphadenoma, 165.
Lymphatic; glands, scrofulous, electrolysis of, 102; tumor of the parotid region, 357.

Maculo-papular eruption due to bromide of potassium, 466.
Malaria; the doctrine of, 20; in Illinois and Iowa, 350.
Malarial; hæmaturia successfully treated on the mercurial plan, 43; fever, Prussian blue in, 196; poisoning, the theory of, 280; disorders, eucalyptus in, 321.
Malgaigne's hooks, transverse fracture of the patella treated by a modification of, 143.
Malpractice; plans for restraining groundless suits for, 171; the animus of suits for, 218.
Malt, the Trommer extract of, 394.
Mammary; abscess, treatment of, 130, 196; gland, adenoid fibroma of, 357; pathology and treatment of scirrhus of the, 426.
Management; of the third stage of labor, 58; of alcoholism, 105; of capsular wounds of the knee-joint, 297; of breech presentations, 402; of hysteria, 435.
Man; who burst, 173; the oldest, 327; filaria in the eye of, 353.
Mania, homicidal, so-called, 62.
Manitoba as a health resort, 456.
Marks, tattooed, on the skin, 301.
Martin's bandage for ulcers, 279.
Maryland, frequency of goitre in, 154.
Massage and Swedish movements in diseases of the nervous system, 283.
Masturbation; prize essay on, 435; as an exciting cause of insanity, 450.
Maternal influence, 436, 546.
Matter, changes of, in fevers, 218.
Means; of exercise, the health lift as a, 150; of lowering the general temperature, 384.
Measles, the minute pathology of, 146.
Measure; remedial, bee stinging as a, 44; the length of the lower limbs, how to, 191.
Meat of diseased animals, the handling and use of, 141.
Meatus, in women, vascular growths of, 189.
Mechanical methods of relieving hiccough, 545.
Mechanics of human skeleton, 23.
Meddlesome midwifery, a protest against it, 29.
Medical; association, American, on the contract system, 21; British, meeting of the, 198, 272, 293, 317, 339, 361; school in Egypt, 44; authorities, ministers as, 83; customs in England, 88; reform, 109; uses of carbolic acid, 166; missionary work, 210; information, popular, 218; bearings of the Chinese question, 236; men, mortality of, 250; fees, in London, 301; therapeutics, Napheys', sixth edition, 345; courses, preliminary, 366; corps of the Turkish army, 372; students in Germany, 459; expert, the position of a, 477; specialism, varieties of 477; commission, a proposed permanent, 481; observation, importance of, in rural districts, 543; society of Philadelphia county, why secret, 550.
Medicine; effects of, in small doses, 199; legal, congress of, 305; veterinary, suggestions on, 525.
Medicines; impure, 278; copyrighted, 367.
Medico-legal; society, organization of a, 131; bearings of fractures of the base of the radius, 417, 439.
Meeting; of the British Medical Association, 198, 272, 293, 317, 339, 361; of the alumni association of Jefferson Medical College in reference to the death of Dr. Atlee, 260.
Membranous dysmenorrhœa, the etiology of, 193, 341.
Memphis, the yellow fever in, 260, 349.
Membrane; uterine mucous, fungoid degeneration of the, 404; fungoid proliferation of the, 513.
Men, medical, mortality of, 250.
Meningitis; acute, followed by erysipelas in a rachitical child, 177; cerebral, temperature in, 271.
Menstruation, vicarious, hæmoptysis from, 156.
Mental; stimulant, alcohol as a, 19; and physical health, the oneness of, 127; depression, prolonged, psychology and hygiene in the treatment of disorders arising from, 140.
Mercurial treatment of malarial hæmaturia, 43.

Mercurialized peptone, hypodermic use of, 518.
Mercury; its therapeutic value, 37; modes of administering, in syphilis, 522.
Metalloscopy and metallo-therapy, 539.
Meteorology, report on, 514.
Method of managing breech presentations, 402.
Methods; unusual, of reducing hernia, 373; mixed, of instruction, 501; mechanical, of relieving hiccough, 545.
Metric weights and measures; for medical and pharmacal purposes, 71, 131; why physicians should use them, 430.
Michigan, homœopathic examinations in the University of, 131.
Microphone and stethoscope, a new, 454.
Microscope, why it should be used by every physician, 45.
Middle third of the femur fractured, with an ulcer surrounding the ankle, 87.
Midwifery; meddlesome, a protest against it, 29; case, an unusual, 546.
Miliary tubercle, thermometry as a guide in detecting, 279.
Milk sickness, the poison of, 347.
Mines of Nevada, effects of the heat in the, 153.
Mining surgery, 287.
Ministering angels, 262.
Ministers as medical authorities, 83.
Ministry of public health, 251.
Mint culture in New York, 44.
Minute; pathology of measles, 146; fragments of stone in the bladder, new searcher for detecting, 307.
Misapplication of pessary, 76.
Missionary work, medical, 210.
Mistake, probable, as to the nature of fractures of the base of the radius, 417, 439.
Mixed methods of instruction, 501.
Mixture, Villate's, in treating sinuses, 495.
Modern view of conscience, 279.
Modes of administering mercury in syphilis, 522.
Modification of Malgaigne's hooks in treating transverse fracture of the patella, 143.
Monocystic tumor of the ovary in Douglas' cul-de-sac, 511.
Morbus coxarius, 317.
More courage needed, 325.
Morphia; warning against the hypodermic use of, 18; rules for hypodermic injections of, 173.
Mosquito bites, 478.
Mortality; of medical men, 250; in childbirth, how to diminish it, 339.
Movements; Swedish, in diseases of the nervous system, 283; temperance, in France, 299.
Much or little food, which is best? 149.
Mucous; membrane, uterine, fungoid degeneration of the, 404; tubercle, epithelial cancer vs., 428.
Multiple ulcers of the extremities, 488.
Mumps, the frequency of orchitis from, 41.
Muscæ volitantes, 106.
Muscle, serratus magnus, paralysis of the 229.
Muscular powers of the uterus and vagina, 275.
Mushrooms, poisonous, 434.
Myelogenous leukæmia, 33.
Myositis ossificans, 84.
Nævi, the cauterization of, 85.
Nævus maternus of the scalp, 356.
Napheys' Medical Therapeutics, sixth edition, 345.
Naphtha as a disinfectant, 239.
Narcotics, injurious effects of, in insanity, 62.
Nasal; passage, destruction of an exostosis in the, by means of the burr of the dental engine, 30; respiration, obstructed, 319.
Naso-pharynx, inflammations of the, 130.
National; public health board, 453; yellow fever relief commission, 459; quarantine, proposed, 503.
Nature; of syphilis, 172; of fractures of the radius, 417; 439; of bilious attacks, 523.
Neck of the thigh bone; intra-capsular fracture of the, 26; subcutaneous division of the, 295.
Need of more courage, 325.
Nephritis, the urine in, 259.
Nerve; vagus, physiology of the, 107; ulnar, contusion of the, 231.
Nervous; exhaustion in labor, 185; system, massage and Swedish movements in diseases of the, 283; affection, from worms in the intestinal canal, 341; transmission, velocity of, 477; exhaustion, use of arsenic in, 517.
Neuralgia; nitrate of silver in, 40; epileptiform, 272.
Neuroses, syphilitic, 294.
Nevada mines, effects of the heat in the, 153.
New; York, mint culture in, 44; operation for removal of the penis, 170; ear trumpets, Edison's, 172; radical cure for hernia, 300; searcher for detecting minute fragments of stone in the bladder, 307; instrument for draining the pleural cavity, 333; alkaloid of opium, 392; microphone and stethoscope, 454; operation for phimosis, 522; syphilide, 522; chemical studies, 522; California remedies, 547.
Newly arranged pocket instrument case, 225.
Night, the exciting causes of asthmatic attacks at, 190.
Nipple, cracked, acacia in, 128.
Nitrate; of silver; in neuralgia, 40; elastic crayons of, 85; of lead, therapeutic value of, 130; family idiosyncrasy in the use of, 450.
Nitrite of amyl; and chloroform as an anæsthetic, 65; as a sedative, 448; purity of, 500.
Nocturnal enuresis, strychnia in, 391.
Nomenclature of diseases of the skin, 311.
Non-restraint in treatment of insane, 233.
Non-significance, occasional, of albuminuria, 38.
Non-tubercular hemorrhages, from the lungs; elements of diagnosis and prognosis, 31.
Normal inequality of lower limbs, 18.
Northern Georgia, climate of, 151.
Nostril, accidental entrance of a centipede into the, 100.
Notes; from London, 85, 368; from practice, 369; on salicylic acid, 476.
Nothing like confidence, 328.
Novel urinal, 36.
Novelties, doubtful, 455.
Nulliparity, the post-mortem diagnosis of, 194.
Nursing and diet in yellow fever, 243.

Nutrition, general, the relation of bone to, 33.
Nux vomica as a tonic, 406.

Obituary Notices; John Evans, M.D., 88; Dr. Chas. C. Woodworth, 176; Dr. E. M. Martin, 220; Drs. W. S. Atlee, Benj. R. Robson, Julius Auerbach, H. Wakeman, Hughes, of Grenada, C. M. Griffiths, Wm. Fishbourne Griffitts, 241; Drs. J. K. Uhler, J. T. Taylor, T. H. Jewett, T. W. Lamb, Joel Darrah, 328; J. C. Rogers, M.D., 394; Dr. T. H. Martin, 438; Dr. Louis E. Gilliard, 450; Dr. Emeline Horton Cleveland, 526; Dr. James D. Wilson, A. W. Lueck, 550.
Obscure; case of cerebral disease, 114, 260; injury to the back; application of the benzole cautery for the relief of pain following an, 142.
Observations; on the use of catgut in gynæcological practice, 67; on optical defects and their correction with spectacles, 161; medical, importance of, in rural districts, 543.
Obstructed nasal respiration, 319.
Obstruction, intestinal; 273; opening the abdomen to relieve, 544.
Occasional non-significance of albuminuria, 38.
Odor; peculiar, of diabetics, cause of the, 124.
Œdema, jaborandi in, 128.
Ohio valley, yellow fever in the, 239.
Oil; chaulmoogra, 218; of turpentine and Lucca, in typhoid fever, 234; castor, its production in Illinois, 371; cod-liver, emulsion, 409; preparation of, 433.
Ointment, salicylated in eczema, 173.
Onanism, conjugal, 340.
Oneness of mental and physical health, 127.
Opening the abdomen to relieve intestinal obstruction, 544.
Operation; stone, selection of the, 36; emphysema as an aid to, 41; early, for ruptured perineum, 60; primary, for lacerated perineum, with catgut sutures, 68; new, for removal of the penis, 170; of trephining, 228; for cataract, precautions in, 363; of lithotomy, urinary fistula resulting from, 485; successful, for chronic follicular laryngo-pharyngitis, 504; for phimosis, 522.
Operations, lessening of pain in, 407.
Opium; smoking, a counterblast against, 44; results of, 455; large consumption of, 151; habit, 174; successful treatment of the, 274; a new alkaloid of, 392; combination of the cinchona alkaloids with, 472.
Opposition to general vaccination, 61.
Optical defects corrected with spectacles, 161.
Orchitis from mumps, its frequency, 41.
Organisms; atmospheric, 216; septic, the thermal death point of, 391.
Organization; of a medico-legal society, 131; of lying-in hospitals, 410.
Organs of the sense of space, 195.
Origin; of uræmic convulsions, 129; of diphtheria, 262.
Osteo-cephaloma of femur, removed by hip joint amputation, 188.
Os; uteri, ulcerated, galvanic treatment of, 175; cauterization of the, in the vomiting of pregnancy, 217.
Ovariotomy; in children, 15; catgut ligature and sutures in, 67; lessons in, 81; a case of, 401, 512.
Ovary, monocystic tumor of the, 511.
Overdose of belladonna, its effects, 411.
Oxalate of cerium in pregnant sickness, 234.
Oxide of zinc in diarrhœa, 499.
Oxyuris vermicularis, the, 150.

Pain; following an obscure injury of the back, application of the benzole cautery for the relief of, 142; lessening of, in operations, 407.
Pains in the legs absent in a case of progressive locomotor-ataxia, 120.
Palato-glossi muscles, separate investment of the, 99.
Palmar abscess, 142.
Palpation in examining the heart, 218.
Palsy; writers', strychnia in, 40; the prevention of, 471.
Papillomas in the larynx, 159.
Paracotoin as a remedy in epidemic cholera, 194.
Paralysis; syphilitic, 122; of the serratus magnus muscle, 229; general, the gradual extension of, 365; treatment of, 375.
Parasitic disorders of children, 125.
Parental resemblances and preferences, 392.
Paris; green as a cause of abscess of the lower lip, 107; letter from, 302.
Parotid region, lymphatic tumor of the, 357.
Partial placenta prævia, 369.
Passage, nasal, destruction of an exostosis in the, by means of the burr of the dental engine, 30.
Patella, transverse fracture of the; treated by a modification of Malgaigne's hooks, 143, 188; with the tourniquet, 254.
Pathological traces of pulmonary hemorrhage, 168.
Pathology; of angina pectoris, 51; minute, of measles, 146; of Colles' fracture, 213; of schirrhus of mammary gland, 426.
Patients, scrofulous, 172.
Paying the doctor, varied plans for, 277.
Peculiar; odor of diabetics, the cause of, 124; forms of consumption, 189.
Pedicle ligated with catgut, in ovariotomy, 67.
Pediculated tumors of the labia majora, 313.
Pelvic peritonitis, results of, 74.
Pelvis, fracture of the, 289.
Penis, new operation for removal of the, 170.
People, fat, suggestions for, 215.
Peptone, mercurialized, hypodermic use of, 518.
Percussion of bones, 385.
Perforation of the ascending colon by gunshot wound, 100.
Perfumed solution of iodoform, 465.
Perineorraphy, catgut sutures in, 70; treatment of, 204.
Perineum; ruptured, the early operation for, 60; catgut sutures in laceration of, 69; laceration of, 77.
Period, incubative, of contagious diseases, 296.
Periodicity; of epidemics, 216; of yellow fever, 217.

Periostitis, syphilitic, 187.
Peripheral hysteria, 363.
Peritonitis; puerperal, 64; veratrum viride in, 457; pelvic, results of, 74; treated by cold water applications, 512.
Permanent scientific and medical commission, 481.
Pernicious anæmia, 60.
Personal contagion of yellow fever, 480.
Pertinent remarks on recurrence of papillomas in the larynx, 159.
Pessaries, intra-uterine, 339.
Pessary, misapplication of, 76.
Pestilence; warnings from, 257; war and, 306.
Phagedena of vulva, 337, 537.
Phagedenic chancre, 488.
Pharmacal purposes, metric weights and measures for, 71.
Pharmacists, improved education of, 17.
Philadelphia County Medical Society—why a a secret society, 550.
Phimosis; as a cause of rupture in children, 217; a new operation for, 522.
Phosphate of ammonium in diabetes mellitus, 173.
Phthisis; simulated by chronic bronchitis, 9; creasote in, 128; in the lower animals, 145; lecture on, 155; inhalation of carbolic acid spray in, 496.
Physical and mental health, the oneness of, 127.
Physicians; non-resident at Saratoga, 22; why the microscope should be used by, 45; statistics of, 110; deaths of, from yellow fever, 28, 415; their intervention in education, 301; why they should use the metric system, 430; of the United States, Atkinson's, 433.
Physiological; action of belladonna and its alkaloid, atropia, on the eye, 1; effects of attitude, 305; explanation of seeing double, 518.
Physiology; of the vagus nerve, 107; experimental—of digestion, 527.
Piece of tooth imbedded in the tongue, 481.
Piles; carbolic acid in treating, 21; internal bleeding, treatment of, 253.
Pills; an excipient for, 434; of chloride of calcium, 500.
Pilocarpine; late uses of, 195; therapeutic results with, 429.
Placenta; twins with single, 99; prævia, 108, 213; partial, 369; adherent, 187.
Plan of counter-irritation for stings, 346.
Plans; for restraining groundless suits for malpractice, 171; for paying the doctor, 277.
Plant forms in art, 482.
Plaster; chloral, 173; jacket, Sayre's, in spinal disease, 318.
Pleural cavity, an instrument for draining, 333.
Pleurisy; increase of local temperature in, 128, 168; with effusion, 467.
Pneumonia; and epidemic diseases, 13; contagious, 320, 362.
Pocket; instrument case, a newly-arranged, 225; batteries, 262.
Point, thermal, of death of septic organisms, 391.
Points in mechanics of the human skeleton, 23.
Poison; of milk sickness, 347; of the toad, its action on the human body, 509.
Poisoners, professional, 43.
Poisoning; chronic bromine, 8; by Paris green, abscess of lower lip attributed to, 107; with carbolic acid, sulphate of sodium in, 173; malarial, theory of, 280; by arsenic, in the arts, 385; gastric ulcer simulating, 392; chronic chloral, 395, 405.
Poisonous mushrooms, 434.
Poisons developed by putrefaction, 195.
Pollution of rivers, 251.
Popular medical information, 218.
Porphyrized iron, 456.
Position; in forceps delivery, 152; of a medical expert, 477.
Posterior spinal sclerosis, 293.
Post-mortem diagnosis of nulliparity, 194.
Post-partum hemorrhage, treatment of, 339, 400.
Potassa; caustic, in the treatment of rodent ulcer, 245; bronchial catarrh from bromide of, 325.
Potassium; bromide of, 151; maculo-papular eruption due to, 466.
Powders, baking, alum in, 544.
Power, voluntary, the source of, 413.
Powers, muscular, of the uterus and vagina, 275.
Practice; gynæcological, the use of the catgut in, 67; electricity in, 92; notes from, 369.
Precautions in cataract operations, 363.
Preferences, parental, 392.
Pregnancy; the vomiting of, 165; cauterization of the os in the, 217; relation of albuminuria during, to puerperal convulsions, 275; anasarca complicating, 484.
Pregnant sickness, oxalate of cerium in, 234.
Preliminary medical courses, 366.
Premature atheroma, 9.
Preparation of ergot, an improved, 500.
Preparations; arsenical, as cosmetics, 193; of Messrs Wyeth, 548.
Preputial irritation, 139.
Presentations, breech, management of, 402.
Pressinervoscopy, 325.
Prevention; of rabies, 251; of scriveners' palsy, 471.
Principle; active, of ergot, 320; digestive, in the gizzard, 346.
Priority in the use of carbolic acid in small-pox a claim for, 455.
Prisoners, suicides among, 234.
Prize; of $500, 414; essay on masturbation, 435.
Probable; hystero-epilepsy, 123; encephalitis, 179.
Procidentia uteri and its treatment, 453.
Production; of castor oil in Illinois, 371; of infantile laryngismus by a feather in the intestine, 518.
Professional poisoners, 43.
Prognosis; and diagnosis, elements of, in non-tubercular hemorrhages from the lungs, 31; of puerperal insanity, 63.
Progressive; locomotor ataxia, without the characteristic shooting pains in the legs, 120; paralysis, general treatment of, 375.

Proliferation, fungoid, of the lining membrane of the uterus, 512.
Prolonged mental depression, psychology and hygiene in the treatment of disorders arising from, 140.
Pronunciation, 238.
Properties, antiseptic and therapeutic of boracic acid, 107.
Proposed national public health boards, 453
Prostitution; the actual results of the St. Louis law regulating, 218; advantages of legal control over, 259; a clergyman's testimony on the sanitary supervision of, 524.
Protest against meddlesome midwifery, 29.
Pruritus vulvæ and diabetes, 123.
Prussia; animal vaccination in, 164; puerperal fever in, 327.
Prussian blue; in malarial fever, 196, 260.
Psychology and hygiene in the treatment of disorders arising from prolonged mental depression, 140.
Psychomotor centres, the, 544.
Public; buildings, ventilation of, 250; health, a ministry of, 251; health board, proposed national, 453.
Publicity, its effect on suicide, 455.
Puerperal; insanity, progress of, 63; a case of, 134; peritonitis, 64; veratrum viride in, 457; convulsions, treatment of, 254; relation of albuminuria to, 275; fever, in Prussia, 327.
Pulmonary; phthisis, 155; hemorrhage, pathological traces of, 168.
Pulse, universal, 122.
Purgatives, action of, 195.
Purpura; of universal form, 97; idiopathic, 178; iodic, 302; hemorrhagica, 458
Putrefaction in corpses, poisons developed by, 195.
Pyæmia, 206.

Quackery attacked by the Illinois State Board of Health, 393.
Quarantine, proposed national, 503.
Question; the Chinese, its medical bearings, 236, 432; of maternal influence, 436; of women doctors in Russia, 548.
Questions, historical, in syphilography, 298.
Quinia, sulpho-carbolate of, in diphtheria, 367.
Quinine; solution in vesical irritation, 169; does it affect the hearing? 336, 413.
Quinoidine as a febrifuge, 324.
Quinsy, "spreading," 361.

Rabies, prevention of, 251.
Races, colored, skin grafting in the, 130.
Rachitical child, acute meningitis, followed by erysipelas in a, 177.
Radical cure; for hernia, 300; of hydrocele in a child, 449.
Radius, nature of fractures of the base of the 417, 439.
Railroads, elevated, a detriment to health, 483.
Ral-hole at the Hot springs, 412.
Rational treatment of yellow fever, 176.
Real apostle of temperance, 176.
Reasons why the microscope should be used by every physician, 45.
Recent; views of yellow fever, 197; on development, 253; discussions about homœopathy, 344; craniology, 408; notes on salicylic acid, 476.
Recovery; from cranial fracture, 8; after removal of a submucous fibroid tumor of the uterus, 119; from acute meningitis, 177; after hip-joint amputation, 188.
Rectum, stricture of the, 338, 502.
Recurrence; of papillomas in the larynx, 159; of hematocele, 219.
Reduction of hernia; by rest and diet, 37; by unusual methods, 373.
Reform; medical, 109; sanitary, in the Campagna, 415.
Region, parotid, lymphatic tumor of the, 357.
Regular education of homœopathists, 435.
Regulation of prostitution, in St. Louis, 218.
Relation; of bone to general nutrition, 33; of age and sex to asthma, 212; of albuminuria during pregnancy to puerperal convulsions, 275; of goitre to the hemorrhagic tendency, 296; of diphtheritic fungus to diphtheria, 517.
Relative dangers of version and forceps, 367.
Relief; of chronic cystitis by cystotomy, 33; of pain following an obscure injury to the back, by the benzole cautery, 142; governmental, in epidemics, 503; of intestinal obstruction by opening the abdomen, 544; of hiccough by mechanical methods, 545.
Remarks; on muscæ volitantes, 106; on medical reform, 109; on the recurrence of papillomas in the larynx, 159.
Remedial measure, bee stinging as a, 44.
Remedies; epilepsy, 455; new California, 547.
Remedy; in epidemic cholera, paracotoin as a, 194; Algerian, for hydrophobia, 195.
Remôval; of a submucous fibroid tumor of the uterus, 119; of the products of tuberculosis of the lungs, 157; of the penis, 170; of osteocephaloma of femur by hip-joint amputation, 188; of cyst on vocal cord, with forceps, 246; of pediculated tumors of the labia majora by the thermo-cautery, 313; of foreign bodies from the ear, 319; of an ovarian tumor, 401.
Renal; elimination, deficient, 150; form of typhoid fever, 212.
Report; sanitary, 197, 219, 240, 261, 281, 304, 326, 348, 370, 414, 438, 458, 503, 524, 547; of a case of drainage of the pleural cavity, 333; on meteorology and epidemics, for 1877, 514.
Repression of drunkenness, 499.
Resemblance; of a fatty tumor to elephantiasis of the scrotum, 36; parental, 392.
Resort for health; the West India islands as a, 347; Manitoba as a, 456.
Respiration; obstructed nasal, 319; artificial, 392.
Rest; in reduction of hernia, 37; value of, 384.
Restraining groundless suits for malpractice, plans for, 171.
Results; of pelvic peritonitis, 74; curious, of a bee sting, 174; of the St. Louis law regulating prostitution, 218; of a collection of worms in the intestinal canal, 341; therapeutical, with pilocarpin, 429; of opium smoking, 455.

Retarded vaccination, 547.
Retention of urine in the female, 169.
Retroflexion, 76.
Revaccination during an epidemic, 361.
Revelations of future events, dreams as, 323.

Reviews and Book Notices—
Agnew—Principles and Practice of Surgery, 385.
Angell—How to Take Care of Our Eyes, 82.
Annual Reports of Marine Hospital Service, 1876, 1877, 214.
Barnes—Medical and Surgical Diseases of Women, 276.
Beard—Medical and Surgical Uses of Electricity, 276.
Beasley—The Druggist's General Receipt Book, 343.
Benjamin—The Atlantic Islands as Resorts for Health and Pleasure, 104.
Besant—The Law of Population, 82.
Bibliotheca Medica, 235.
Bigelow—Litholapaxy, or Rapid Lithotrity with Evacuation, 82.
Browne—The Throat and its Diseases, 104.
Bucknill—Habitual Drunkenness and Insane Drunkards, 496.
Busey—Narrowing, Occlusion, and Dilatation of Lymph Channels, 214.
Carnochan—Contributions to Operative Surgery and Surgical Pathology, 496.
Charcot—Lectures—Localization in Diseases of the Brain; Bright's Disease of the Kidneys, 541.
Clarke—Visions—a Study of False Sight, 147.
Classen—Elementary Qualitative Analysis, 235.
Da Costa—Harvey and his Discovery, 409.
Duhring—Atlas of Skin Diseases, 126.
Duncan—How to be Plump, 214.
Durant—Horseback Riding, from a Medical Point of View, 126.
Fonssagrives—Traité de Thérapeutique appliqué basé sur les Indications, 474.
Fothergill—The Antagonism of Therapeutic Agents, 235.
Fox—Sanitary Examinations of Water, Air and Food, 343.
Graham—Illinois Medical Register, 1879-9, 541.
Gray—Anatomy, Descriptive and Surgical, 148.
Hamilton—Nervous Diseases, 16.
Handbook of Nursing, 519.
Hilton—On Rest and Pain, 519.
Holden—Human Osteology, 497.
Liveing—Treatment of Skin Diseases, 431.
Logan—Physics of the Infectious Diseases, 16.
Lothrop—Medical and Surgical Directory of Iowa, 431.
Mann—A Manual of Prescription Writing, 519.
Mays—On the Therapeutic Forces, 148.
Mauthner—Vortræge aus dem Gesammtgebiete der Augenheilkunde für Studirende und Ærtze, 170.
Mears—Practical Surgery, 431.
Medical Communications of the Massachusetts Medical Society, 256.
Muir—Practical Chemistry for Medical Students, 82.
Norton—A Text-book of Operative Surgery and Surgical Anatomy, 192.
Otis—Stricture of the Male Urethra, 256.
Playfair—The Science and Practice of Midwifery, 321.
Purnell—Some of the Operations of Chemical Analysis, 497.
Rafinesque—Etudes sur les Invaginations Intestinales Chroniques, 147.
Skene—Diseases of the Bladder and Urethra in Women, 497.
Transactions; of the American Gynecological Society, 103; of the Medical Association of Georgia, Mississippi, and Iowa, 126; of the Medical and Chirurgical Faculty of Maryland, 255; of the North Carolina Medical Society, 343; of the Pathological Society of Philadelphia, 409.
Treatment of Diphtheria, 364.
Tyson—Practical Examination of Urine. 321.
Von Ziemssen—Cyclopædia of the Practice of the Medicine, 474.
Watts—Fowne's Manual of Chemistry, Theoretical and Practical, 103.
Witthaus—Essentials of Chemistry, 541.
Revulsive, chloral as a, 434.
Rheumatism, salicylate of soda in, 55, 168.
Rhubarb, its effect on the urine, 321.
Ribs, fractures of the, 289.
Rivers, pollution of, 251.
Rodent ulcer treated by caustic potassa, 245.
Root, batiator, 478.
Rules; for hypodermic injections of morphia, 173; for sending consumptives to travel, 216.
Rupture, phimosis as a cause of, in children, 217.
Ruptured perineum, early operation for, 60.
Rural districts, the importance of medical observation in, 543.
Russia, the woman-doctor question in, 548.

Salicylate of soda in rheumatism, 55, 168.
Salicylated ointment in eczema, 173.
Salicylic acid; the therapeutics of, 408; administration of, 435; notes on, 476.
Sanitary; protection, 31; reformation in the Campagna, 415; supervision of prostitution, a clergyman's testimony on, 524; science, value of diagnosis to, 542; legislation, 544.
Sanitation in yellow fever, 347.
Santonin, its effects on the urine, 321.
Sayre's plaster jacket in the treatment of spinal disease, 318.
Scalp; nævus maternus of the, 356; erysipelas of the, 535.
Scapula; dislocation of the inferior angle of the, 35; excision of the, 399.
Scarlatina; 271; the contagion of, 545.
Scarlet fever; the Berlin treatment of, 194; treatment of enlarged glands in, 476.
School, medical, in Egypt, 44.
Schools, gymnastics in, 65.

Science, sanitary, value of diagnosis to, 543.
Scientific and medical commissions, proposed permanent, 481.
Scirrhous carcinoma of the breast; chronic, 358, 490; pathology and treatment of, 426.
Sclerosis, spinal, lateral and posterior, 293.
Sclerotic; acid in fibroids of the uterus, 63; in hæmoptysis, 330.
"Screw worm" of Texas, 393.
Scriveners' palsy, prevention of, 471.
Scrofulous; lymphatic glands, electrolysis of, 102; patients, 172.
Scrotum; fatty tumor resembling elephantiasis of the, 36; eczema marginatum of, 87.
Scurvy, 251.
Sea sickness and its treatment, 216.
Searcher, for detecting minute fragments of stone in the bladder, 307.
Sedative, nitrite of amyl as a, 448.
Seeing double, physiological explanation, 518.
Selection of the operation for stone, 36.
Sending consumptives to travel, rules for, 216.
Senile gangrene, 446.
Sense; of space, the organs of the, 195; of voluntary power, 478.
Senses, special, their location in insects, 391.
Separate investments of the palato-glotti muscles, 99.
Septic; and aseptic fever, 296; organisms, thermal death point of, 391.
Serous effusions, the dietetic treatment of, 14.
Serratus magnus muscle, paralysis of the, 229.
Severe; nervous affection from a collection of worms in the intestinal canal, 341; gunshot wound, 355.
Sex; forms of consumption peculiar to, 189; its relation to asthma, 212.
Sexual excesses as exciting cause of insanity, 450.
Shooting; pains in the legs, absence of, in a case of progressive locomotor ataxia, 120; with water, 173.
Shoulder joint, injury of the, 536.
Sick room, danger from the injudicious use of alcohol in the, 48.
Sickness; sea, treatment of, 316; pregnant, oxalate of cerium in, 234; milk, poison of, 347.
Signs of forced abortion, 342.
Silver, nitrate of; in neuralgia, 40; elastic crayons of, 85; family idiosyncrasy in the use of, 450.
Simulation; of phthisis by chronic bronchitis, 9; of poisoning by gastric ulcer, 392.
Single placenta, with twins, 99.
Sinus; following syphilitic abscess, 489; Villate's mixture in the treatment of, 495; of the leg, 536.
Six cases of rodent ulcer treated by caustic potassa, 245.
Skeleton; human, mechanics of the, 23; bony, function of the, 34.
Skin; grafting, 130, 268; tattooed marks on the, 301; diseases, their classification and nomenclature, 311.
Skull fractures, 288.
Skulls of women, 434.
Sleep, value of, 384.
Small; doses of medicine, 199; pocket instrument case, 225; monocystic tumor of the ovary in Douglas' cul-de-sac, 511.
Small-pox, carbolic acid in, 455, 502.
Smoking opium; counterblast against, 44; results of, 455.
So-called; homicidal mania, 62; compensatory emphysema in acute thoracic diseases, 522.
Society; for cremation, 65; medico-legal, organization of a, 131; medical, of Philadelphia, why secret, 550.
Soda; salicylate of, in rheumatism, 55, 168; benzoate of, in infectious fever, 128; sulphothymate of, 434.
Sodium, sulphate of, in chronic carbolic acid poisoning, 173.
Solarization in health and disease, 325.
Solution; of quinine in vesical irritation, 169; of iodoform, perfumed, 465.
Some; considerations in regard to the causes of cholera infantum, 12; points in the mechanics of the human skeleton, 23; reasons why the microscope should be used by every physician, 45; clinical observations on the use of catgut in gynecological practice, 67; clinical remarks on recurrence of papillomas in the larynx, 159; observations on optical defects and their correction with spectacles, 161; notes from practice, 369.
Sore throat, clergyman's, borax in, 150.
Source of voluntary power, 413.
Space, the organs of the sense of, 195.
Spasm of the glottis, 505.
Special senses, their location in insects, 391.
Specialism, medical, varieties of, 476.
Specific; gravity of brains, 151; diseases, innocent sufferers from, 520.
Spectacles, in correction of optical defects, 161.
Spinal; cord, diagnosis of incipient caries of the vertebræ from disease of the, 231; sclerosis, lateral and posterior, 293; disease, treated by Sayre's plaster jacket, 318.
Splints, extemporized, 217.
Sponging, cold, in tuberculosis, 297.
Spontaneous exit of a stone from a urinary fistula resulting from lithotomy, 485.
Sporadic yellow fever, 254.
Spray of carbolic acid inhaled, in phthisis, 496.
"Spreading quinsy," 361.
Swedish movements in the treatment of nervous diseases, 283.
Stage, third, of labor, management of the, 58.
State board of health of Illinois attacking quackery, 393.
Statistics of physicians, 110.
Stethoscope, new microphone and, 454.
Stimulant, mental, alcohol as a, 19.
Stinging; bee, tincture of arnica in, 43; as a remedial measure, 44, 87; unusual effect of, 130, 174; counter-irritation for, 346.
St. Louis law regulating prostitution, 218.
Stomach bandages in ascites, 81.
Stone; selection of the operation for, 36; in the bladder, a new searcher for detecting minute fragments of, 307; from a urinary fistula resulting from lithotomy, 485.
Stricture of the rectum, 338, 502.

Structure of bone, 33.
Strychnia; in writer's palsy, 40; in nocturnal enuresis, 391; as a tonic, 406.
Studies, new chemical, 522.
Study; a clinical, of acne, 111; of tumor, 173; of the digestive disorders of infancy, 423.
Subcutaneous division of the neck of the thigh bone, 295.
Subacute laryngitis, the treatment of, 41.
Subinvolution of the uterus, 77.
Subjects syphilitic, vaccination in, 195.
Submucous fibroid tumor of uterus, removed, 119.
Subnitrate of bismuth, 342.
Subperitoneal uterine fibroids, 510.
Successful; treatment of malarial hæmaturia on the mercurial plan, 43; of the opium habit, 274; operation for chronic follicular laryngopharyngitis, 505; treatment of peritonitis by cold water applications, 512.
Sudden death in diabetes, causes of, 301.
Sufferers, innocent, from specific diseases, 520.
Suggestions; for fat people, 215; for diphtheria, acne and gonorrhœa, 437; for the prevention of scriveners' palsy, 471; on veterinary medicine, 525.
Suicides; among prisoners, 234; effects of publicity on, 455.
Suits; groundless, for malpractice, plans for restraining, 171; the animus of, 218.
Sulphate; of sodium in chronic acid poisoning, 173; of copper, therapeutic uses of, 472.
Sulpho-; carbolate of quinia in diphtheria, 367; thymate of soda, 434.
Sun; cooking by the, 371; and air baths, 507.
Superfœtation, a case of, 219.
Superintendents of asylums for the blind, international congress of, 438.
Supernumerary breasts, 472,
Supervision, sanitary, of prostitution, 524.
Surgeons, have they been mistaken as to the nature of fractures of the base of the radius, 417, 439.
Surgery; the use of thymol in, 63; cleanliness in, 167; mining, 287; genito-urinary, 318; aural, 397.
Sutures of catgut in ovariotomy and laceration of perineum, 67.
Symptoms; early, of tabes dorsalis, 19; of angina pectoris, 51.
Synovitis, chronic, of knee-joint, treated by the actual cautery, 448.
Syphilide, a new, 522.
Syphilis; can it be produced from heifer vaccination, 129; the nature of, 172; constitutional, 428; tertiary, 488; modes of administering mercury in, 522; a case of, 537.
Syphilitic; paralysis, 122; disease of the larynx, tracheotomy for, 133; periostitis, 187; subjects, vaccination in, 195; neuroses, 299; ulceration of the face, 337; of the leg, 337; abscess, sinus following a, 489.
Syphilography, historical questions in, 298.
Syrian cure for hydrophobia, 477.
System; the contract, 21; the metric, 131, 479; why physicians should use it, 430; nervous, Swedish movements in treating diseases of, the, 283.
Tabes dorsalis, an early symptom of, 19.
Tapeworm, how to kill, in an hour, 238.
Tattooed marks on the skin, 301.
Tedious labors, 190.
Telegraphists' cramp, 59.
Temperance; a real apostle of, 176; movements in France, 299; legislation, converts to, 301.
Temperature; high, during and after convalescence from enteric fever, 85, 86; local, in pleurisy, 128, 168; in cerebral meningitis, 271; general, means of lowering the, 384; in fever, 455.
Tempers, hot, 371.
Ten years more allowed by Mr. Thoms, 416.
Tendency, hemorrhagic, relations of goitre to the, 296.
Tertiary form of constitutional syphilis, 488.
Testimony of a clergyman on the sanitary supervision of prostitution, 524.
Testis; gonorrhœal, 101; irritable, 309.
Tests; of chloroform, 102; of carbolic acid, cresylic acid and creasote, 495.
Tetanus; in the Hawaiian islands, 117; traumatic, chloral in the treatment of, 226.
Texas "Screw worm," 393.
Theoretic treatment of fever, 366.
Theory; of malarial poisoning, 280; the germ, 501.
Therapeutics; why of so little account, 389; of salicylic acid, 408.
Therapeutic; value of mercury, 37; measure, bee stinging as a, 87; properties of boracic acid, 107; value of nitrate of lead, 130; use of iodoform, 374; results with pilocarpin, 429; uses of sulphate of copper, 472;
Thermal death point of septic organisms, 391.
Thermo-cautery in the removal of pediculated tumors of the labia majora, 313.
Thermometry as a guide in detecting miliary tubercle, 279.
Thigh; bone, intra-capsular fracture of the neck of the, 26; subcutaneous division of the neck of the, 295; eczema marginatum of scrotum and, 87.
Third stage of labor, management of the, 58.
Thoms, Mr. gives us ten years more, 416.
Thoracic diseases, acute, so-called compensatory emphysema in, 522.
Three cases of hernia reduced by unusual methods, 373.
Throat, clergyman's sore, borax in, 150.
Thymic acid, 434.
Thymol; in surgery, 63, 151.
Thyro-hyoid hygroma, 357.
Tibia; ununited fracture of the, 146; dislocated forward on the femur, 164.
Tincture of arnica in bee stings, 43,
Tinea; tricophytina unguium, a case of, 89, 98; tonsurans, of unusual form, with tinea circinata, 96; favosa, 465.
Tippling; laudanum, 238; absinthe, 393.
Toad poison, its action on the human body, 509.
Tobacco; the abuse of, 251; habit, injurious effects of, 498.
Tolerance of hydrate of chloral, 480.
Tongue; cyst of the, 179; disease of the, 428; a piece of tooth imbedded in the, 381.

Tonic, strychnia or nux vomica as a, 406.
Tooth, a piece of, imbedded in the tongue, 481.
Tourniquet in treating fracture of the patella, 255.
Traces, pathological, of pulmonary hemorrhage, 168.
Tracheal injections in croup, 168.
Tracheotomy; in croup, 99; for syphilitic disease of the larynx, 133; after-treatment of, 391.
Transfusion, aneurism by, 308.
Transmission, nervous, velocity of, 477.
Transverse fracture of the patella treated by a modification of Malgaigne's hooks, 143.
Traumatic tetanus, chloral in the treatment of, 226.
Travel, rules for sending consumptives to, 216.
Treatment; dietetic, of serous effusions, 14; of infantile diarrhœa, 15; of piles, with carbolic acid, 21; of wounds of the hand, 38; of glandular engorgements, 41; of subacute laryngitis, 41; of malarial hæmaturia on the mercurial plan, 43; of angina pectoris, 51; of apoplexy with heart disease, 58; of umbilical hernia in infants by adhesive plaster, 62; by electricity, 92; of idiocy in early life, 101; antiseptic, of wounds, 116, 334; of mammary abscess, 130; of disorders arising from prolonged mental depression, 140; of transverse fracture of the patella by a modification of Malgaigne's hooks, 143; of catalepsy, 145; Hebra's local, of lupus, 145; of amenorrhœa, 146; of hydatid cysts, 169; of typhoid fever, 170, 407; of ununited fracture, 172; galvanic, of the ulcerated os uteri and vaginal leucorrhœa, 175; rational, of yellow fever, 176; of yellow fever, 181, 304; of burns, 188; of scarlet fever, 194; of chorea, 194; of mammary abscess, 196; of placenta prævia, 213; of sea sickness, 216; of infantile convulsions by ether hypodermically, 217; of traumatic tetanus, by chloral, 226; of typho-malarial fever, 232; of the insane, non-restraint in the, 233; of six cases of rodent ulcer by caustic potassa, 245; of acne, 252; of internal bleeding piles, 253; of fracture of the patella with the tourniquet, 254; antiseptic, of diphtheria, 254; of puerperal convulsions, 254; of the opium habit, 274; of diseases of the nervous system by massage and the Swedish movements, 283; of spinal disease by Sayre's plaster jacket, 318; of chronic ulcer of the leg, 319; of post-partum hemorrhage, 339; theoretic, of fever, 366; of the infant in utero, 367; of general progressive paralysis, 375; of erysipelas, 408; of bilious diseases, 413; of scirrhus of the mammary gland, 426; of procidentia uteri, 443; of chronic synovitis of the knee joint by the actual cautery, 448; of baldness, 451; of enlarged glands in scarlet fever, 476; of sinuses by Villate's mixture, 495; of peritonitis by cold water applications, 512.
Tremor, a study of, 173.
Trephining, 228.
Triangle, cardiac, determination of the, 473.
Trichina disease, ergot in, 238.
Trommer extract of malt, 394.
Trumpets, ear, Edison's, 172.
Tubercle; miliary, thermometry as a guide in detecting, 279; mucous, epithelial cancer, vs., 428.
Tuberculosis; of the lungs, 157, 158; cold sponging in, 297.
Tumor; fatty, resembling elephantiasis of the scrotum, 36; of base of the brain, double hemiplegia from embolism distinguished from, 56; submucous fibroid, of the uterus removed, 119; pediculated, of labia majora, 313; lymphatic, of the parotid region, 357; cystic, of the face, 489; of the ovary, 511.
Turkish army, medical corps of the, 372.
Turpentine, oil of, in typhoid fever, 234.
Twins, with single placenta, 99.
Two analyses, 84.
Typhoid fever; the use of carbolic acid in, 14; in the lower animals, 41; high temperature in, 86; treatment of, 170, 407; a renal form of, 212; oil of turpentine and Lucca oil in, 234; can one have it after forty? 499.
Typho-malarial fever, treatment of, 232.

Ulcer; rodent, treated with caustic potassa, 245; Dr. Martin's bandage for, 279; chronic, of the leg, treatment of, 319; gastric, simulating poisoning, 392.
Ulcerated os uteri, galvanic treatment of, 175.
Ulceration; syphilitic, of the face and leg, 337; of the female urethra, 457.
Ulcerative endocarditis, with pyemia, 206.
Ulcers, multiple, of the extremities, 488.
Ulnar nerve, contusion of the, 231.
Umbilical; hernia in infants treated by adhesive plaster, 62, 65; cord, a hard knot in the, 108.
Unguentum petrolei, 153.
Union of abdominal wounds with catgut sutures, 67.
United States, Atkinson's physicians of the, 433.
Universal pulse, 122.
University of Michigan, homœopathic examinations in the, 131.
Unparalleled fecundity, 324.
Unrecognized hepatic abscess, frequency of, 475.
Ununited fracture; of the tibia, 146; treatment of, 172.
Unusual; form of tinea tonsurans, 96; of purpura, 97; effect of bee stings, 130; methods of reducing hernia, 373; midwifery case, 546.
Unusually large submucous fibroid tumor of the uterus removed, 119.
Uræmic convulsions, origin of, 129.
Urea in the blood, harmlessness of, 430.
Urethra, female, ulcerated of the, 457.
Urinal, a novel, 36.
Urinary fistula resulting from lithotomy, 485.
Urine; detection of Bright's disease before the appearance of albumen in the, 6; retention of, in the female, 169; in nephritis, 259; effects of rhubarb and santonin on the, 321.
Urticaria caused by cinchonidia, 456.

Use; of carbolic acid; in typhoid fever, 14; in the treatment of piles, 21; hypodermic, of morphia, warning against, 18; of the microscope by physicians, 45; injudicious, of alcohol in the sick room, 48; of thymol in surgery, 63, 151; of catgut in gynæcological practice, 67; of the meat of diseased animals, 141; medical, of carbolic acid, 166; of the cold bath in febrile diseases, 167; of pilocarpine, 195; of oil of turpentine and Lucca oil in typhoid fever, 234; of caustic potassa in rodent ulcer, 245; of iodoform, 287, 374; of quinine, does it affect the hearing, 413; of the metric system by physicians, 430; of silver nitrate, family idiosyncrasy in the, 450; of acetate of lead as a collyrium, 464; therapeutic, of sulphate of copper, 472; of bael, 500; of arsenic in nervous exhaustion, 517; hypodermic, of mercurialized peptone, 518.
Usefulness of cremation, 300.
Uselessness of the forceps, 339.
Uterine; mucous membrane, fungoid degeneration of the, 404; displacements, frequency of, 477; fibroids, subperitoneal, 510.
Utero, treating the infant in, 367.
Uterus; sclerotic acid in fibroids of the, 63; subinvolution of the, 77; removal of a submucous fibroid tumor of the, 119; hour-glass contraction of, 187; muscular powers of the, 275; fungoid proliferation of the lining membrane of the, 513; innervation of the, 521.

Vaccination; general, opposition to, 61; heifer, can syphilis be produced by it, 129; animal, in Prussia, 164; in syphilitic subjects, 195; retarded, 547.
Vagina, muscular powers of the, 275.
Vaginal leucorrhœa, galvanic treatment of, 175.
Vagus nerve, physiology of the, 107.
Valley of the Ohio, yellow fever in the, 239.
Value; therapeutic, of mercury, 37; of nitrate of lead, 130; dietetic, of light wines, 129; of quinine solution in vesical irritation, 169; of sleep and rest, 384; of diagnosis to sanitary science, 542.
Varices, 312.
Varied plans of paying the doctor, 277.
Varieties of medical specialism, 477.
Vascular growths of the meatus in women, 189.
Velocity of nervous transmission, 477.
Venesection; in eclampsia, 152; as an antihemorrhagic, 472.
Ventilation of public buildings, 250.
Veratrum viride in puerperal peritonitis, 457.
Version and forceps, the relative value of, 367.
Vertebræ, incipient caries of the, diagnosis of, 231.
Very small pocket case for instruments, 225.
Vesical irritation, quinine solution in, 169.
Vesico-vaginal fistula, 534.
Vessels of the uterus, innervation of the, 521.
Veterinary medicine, suggestions on, 525.
Viburnum prunifolium in diseases of women, 150.
Vicarious menstruation, hæmoptysis from, 156.
Views; of yellow fever, 197; recent, on development, 253; modern, of conscience, 279.
Villate's mixture in treatment of sinuses, 495.
Vision, hysterical derangements of, 124.
Vocal cord, cyst on the, removed by forceps, 246.
Voluntary power; the source of, 413; the sense of, 478.
Vomiting of pregnancy; 162; cauterization of the os in, 217.
Vulva, phagedena of, 337.

War and pestilence, 306.
Warning; against the hypodermic use of morphia, 18; from the pestilence, 257.
Water; injections in chronic diarrhœa, 150; warm or cold? 172; shooting with, 173; filtration of, 340, 342; cold, applications of, in peritonitis, 512.
Weights, metrical, for medical and pharmacal purposes, 71.
West India Islands as health resorts, 347.
Why; therapeutics is of so little account, 389; acetate of lead should not be used as a collyrium, 464; Philadelphia County Medical Society a secret one, 550.
Will of Dr. Atlee, 327.
Winds, effect of on health, 544.
Wines, light, dietetic value of, 129.
Wise charity, 154.
Women; viburnum prunifolium in diseases of, 150; vascular growths of the meatus in, 189; American, inebriety in, 137; the skulls of, 434; doctors in Russia, 548.
Work, medical missionary, 210.
Workers in copper, their immunity from cholera, 250.
Worms; severe nervous affection from a collection of, in the intestinal canal, 341; "screw," of Texas, 393.
Wound, gunshot; of the abdomen, 100; severe, 355; imbedding a piece of tooth in the tongue, in a, 481.
Wounds; of the hand, treatment of, 38; antiseptic treatment of, 116, 334; capsular, of the knee joint, their management, 297.
Writers' palsy, strychnia in, 40.
Wyeth's preparations, 548.

Yellow fever; statistics of, 110, 153, 240, 261, 281, 304, 326, 348, 370, 414, 438, 458, 503, 524; its rational treatment, 176, 181, 304; recent views of, 197; the periodicity of, 217; incubation of, 237; in the Ohio valley, 239; etiology of, 239; nursing and diet in, 243; sporadic, 254; the home of, 259; character of, in Memphis, 260, 349; deaths of physicians from, 281, 415; decline of the, 282; sanitation in, 347; commission to investigate, 349; altitude of epidemics of, 413; experiences in, 436; relief commission, national, 459; discussion on, 468; is it personally contagious? 480; in Southern Kentucky, 523.

Zinc, oxide of, in diarrhœa, 499.

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CONTENTS:

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

KEYSER, P. D.—The Physiological Action of Belladonna and its Alkaloid, Atropia, on the Eye..... 1
SCHELL, H. S.—The Detection of Bright's Disease, before the Appearance of Albumen in the Urine..... 6
MELLERSH, A. H.—Case of Depressed Cranial Fracture—Recovery; Case of Chronic Bromine Poisoning..... 8

HOSPITAL REPORTS.

Medical Department, University of the City of New York—Clinical Lecture by Alfred H. Loomis, M. D.—Chronic Bronchitis, Simulating Phthisis—Premature Atheroma..... 9
Guy's Hospital London.—Double Amputation of the Legs for Gangrene following Frostbite..... 11

MEDICAL SOCIETIES.

Philadelphia County Medical Society—Some Considerations in Regard to the Causes of Cholera Infantum..... 12

EDITORIAL DEPARTMENT.

PERISCOPE.

Pneumonia and Epidemic Diseases..... 13
The Dietetic Treatment of Serous Effusions..... 14
The Use of Carbolic Acid in Typhoid Fever..... 14
Iodine Injection of the Knee-joint..... 15
Treatment of Infantile Diarrhœa..... 15
Ovariotomy in Children..... 15

REVIEWS AND BOOK NOTICES.

Notes on Current Medical Literature..... 16

BOOK NOTICES.

Physics of the Infectious Diseases (Logan)..... 16
Nervous Diseases (Hamilton)..... 16

EDITORIAL.

PREMIUM LIST FOR 1878..... 17
IMPROVED EDUCATION OF PHARMACISTS..... 17

NOTES AND COMMENTS.

The Normal Inequality of Lower Limbs..... 18
Warning Against the Hypodermic Use of Morphia..... 18
An Early Symptom of Tabes Dorsalis..... 19
Deaths from Anæsthetics..... 19
Alcohol as a Mental Stimulant..... 19
The Etiology of Membranous Dysmenorrhœa..... 19

CORRESPONDENCE

The Doctrine of Malaria (Scott)..... 20
The Contract System and the American Medical Association (Farnsworth)..... 21
Use of Carbolic Acid in the Treatment of Piles (O'Neal)..... 21

NEWS AND MISCELLANY.

Non-resident Physicians at Saratoga..... 22
Russian Killed and Wounded in the Late War..... 22
Home Hospitals..... 22
Items..... 22

MARRIAGES..... 22

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Communications.

THE PHYSIOLOGICAL ACTION OF BELLADONNA AND ITS ALKALOID, ATROPIA, ON THE EYE.

BY P. D. KEYSER, A.M., M.D.,

Surgeon to the Wills Eye Hospital, Philadelphia, Ophthalmic Surgeon to the House of Correction, etc., etc., etc.

An address read by invitation before the Medical Society of the State of Delaware, at Dover, June 12th, 1877.

It has been known, for a very long time, that when belladonna was taken inwardly in large doses, the pupils of the eyes would become dilated and the vision affected. Charles Himly, taking advantage of this fact, made a local application of it in the eye, to prevent the adhesion of the iris to the anterior capsule of the lens, and occlusion of the pupil in cases of iritis. C. v. Graefe, the father of the great oculist A. v. Graefe, followed up the same idea, and applied it in scrofulous and rheumatic inflammations of that organ. Also Prof. M. Langenbeck used it, with success, to dilate the pupil in cataract operations, to prevent injury to and adhesions of the iris, as well as to combat any inflammation arising from the operation.

Since this first introduction of the use of belladonna, locally, in the eye, it, or its alkaloid, atropia, has become the sovereign remedy in most of the diseases of that part, just as opium or its alkaloid, morphium, is the sovereign remedy in most cases of pain.

In former times, a decoction of the leaves was applied over the eyes; then the extract was made from the plant and the root, and it came into use by rubbing it over the eyebrow and on the temple, as well as dissolving some in water, and dropping it in the eye; but in the present time the alkaloid, or active principle, "atropia," has been extracted, and is now almost universally used.

Atropia, being almost insoluble in water, is made into a sulphate by dissolving it in ether or alcohol, and adding, very carefully, sulphuric acid until saturation only, without excess of acid. It is crystallized by evaporation, and washed from excess of acid by ether or alcohol, then re-dissolved and re-crystallized until perfectly pure.

This sulphate of atropia is easily soluble in water, and has become one of the most important remedies, not only to the ophthalmologist, but also to the general practitioner, for hypodermic injections, etc.

The use of this salt in solution, as an eye wash, has become so general, that almost everybody prescribes and recommends it for every and all troubles of the eye. Druggists prescribe it over their counters continually. It is not to be supposed that such persons know anything of its action, whether good or bad, upon the eye; but there are, no doubt, many physicians, who, following the course recommended by some writer or friend who has found it beneficial in some cases, prescribe, daily, collyria and ointments containing either belladonna or atropia, to dilate the pupils, or to relieve inflammation, without knowing its true physiological action on the eye.

It will be my pleasure, therefore, to lay before you this afternoon, in brief, the results

of some of the anatomical and physiological researches upon this subject that have been brought to light by the great workers of the day, among whom I may mention Müller, Manz, von Graefe, Donders, Bowman, Arlt, Helmholtz, Stellwag, Leber, Krause, Henle, Kölliker, Luschka, etc.

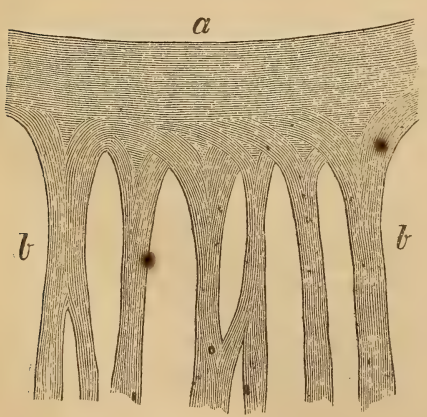
For the better understanding of the action of belladonna on the iris, I will follow, principally, Stellwag, and necessarily translate and quote very much that has been said by this eminent authority upon this subject.

The iris contains circular and radiary muscular fibres. The circular fibres form a smooth, ring-like muscle, located around the pupillary part. This muscle is called the "sphincter pupillæ," and contracts the pupil. The radiary fibres do not form a continuous muscle, but extend from the ciliary border in a radiary manner, and are inserted into the circular fibres by slender fasciculi. These fibres serve to dilate the pupil, and the muscle is called the "dilatator pupillæ." See Fig. 1.

The iris is influenced by four nerves: the third (oculomotor), the fifth (trigeminus), the sympathetic and the optic.

"The sphincter pupillæ and the ciliary muscle are supplied with branches of the third nerve, which pass through the ciliary ganglion, and form,

Fig. 1.



(*From Kölliker.*)

a. Circular fibres of the Sphincter pupillæ.
b. Radiary fibres of the Dilatator pupillæ.

with the other ciliary nerves, four main bundles of fibres, which reach to the ciliary body and separate in a quadrant of the ciliary muscle and sphincter pupillæ muscle. The dilator pupillæ and the vascular muscles of the iris are influenced by motoric fibres of the sympathetic. These fibres originate in the medulla oblongata, run downward in the anterior column of the spinal cord, enter the anterior roots of the two lower neck and upper breast nerves, unite with the sympathetic, and pass with it upward through the superior cervical ganglion. The fifth nerve supplies the iris with sensible fibres.

"The optic nerve has only an indirect action on the iris, inasmuch as the iris contracts when light falls on the retina. The ciliary nerves (branches of the third, fifth and sympathetic) lie in the outer layer of the choroid, in the lamina fusca, and run through many little knots, the so-called intra-ocular ganglia" (Schweigger).

Fig. 2.

Ganglion cells and nerve fibres found in the Choroid. (Schweigger.)

"These ganglia officiate as centres, because conditions of excitation of the sensible nerves can be reflected on the motoric nerves without the brain or spinal cord partaking thereof. On these ganglia the atropia acts" (Stellwag).

The action of atropia is of a twofold nature; it dilates the pupil and paralyzes the accommodation. After the proper length of time of action of the agent, the dilatation of the pupil is a maximum, the iris recedes until only a small seam is perceived; it remains perfectly immovable, and does not react either on reflex irritation, contrast of light or consensual action as accommodative impulse. Stellwag says that "this powerful dilatation is hardly attainable through the paralysis of the sphincter pupillæ alone; there must be some active power present, which drives the blood out of the iris back into the posterior uveal tract; and this power is developed through the contraction of the dilatator pupillæ and vascular muscles. A proof of which is, that in complete paralysis of the oculomotor nerve the pupil is only half dilated,

and if atropia is put into the eye at this stage the dilatation becomes greater, showing that through the atropia a particular power is brought into action that can still dilate the pupil."

"It remains now the question, If, from the above expressed facts, it can alone be explained by the sole contraction of the dilatator pupillæ?"

"The dilator lies on the posterior border of the iris, and consists of an evenly formed, thin layer of smooth, muscular tissue; the larger vessels of the iris lie before it (*i.e.*, anteriorly). If it contracts alone the pupil is dilated, but the vessels are not compressed. The retreating iris forms a small but thick fold. This fold is not found, however, by a thoroughly dilated pupil. If we examine the iris by a contracted and a completely dilated pupil, we do not find it thicker in the latter (dilated) state than in the former, a proof that the vascular muscles have also contracted."

Rossbach and Fröhlich, in their experiments with atropine on rabbits, noticed that very weak solutions (three to six millionths of a gramme) caused contraction instead of dilatation of the pupil, through irritation of the ends of the oculomotor nerve. In somewhat stronger solutions the ends of the oculomotor nerve became paralyzed and the pupil dilated slightly. Still stronger solutions increased the dilatation by irritating the sympathetic and the dilatator pupillæ; and on the use of very strong solutions the sympathetic and dilatator pupillæ were paralyzed, so that the pupil contracted somewhat from its extreme dilatation.

They found that atropine has the contrary action on the pupil of a frog to that of man or warm-blood animals. It contracts it instead of dilating, and physostigmin (the active principle of the calabar bean) dilates the pupils.

I have made some very careful experiments with the sulphate of atropia and sulphate of eserine (physostigmin) on the eyes of the frog; and my experience does not accord with that of Rossbach and Fröhlich. I found that the action of these salts was not different in this case from that in man and warm-blood animals, except that the dilatation from atropia was so slight, and remained such a short time, that it could hardly be observed. It required the closest attention and scrutiny. In making my experiments, I found that simply dropping the solution of either atropine or eserine on the eye, gave not the least action. I then introduced a probe behind the lid and held it off from the ball, while my assistant, Dr. Thomas H. Fenton, let a drop of the solution I was using fall in the cul-de-sac made by the probe.

Weak solutions of either salt did not give any reaction, but from a solution of sulphate of atropia of four grains to the ounce of water, a very slight dilatation was observed. From a solution of eserine, of the same strength, marked contraction took place in a short time, with considerable irritation in the eye, causing him to wink often, then close it and rub it with his fore leg. The contraction of the pupil did not remain but for a few minutes, although it reached a very marked degree in that short time. The frog felt the toxical effects for over an hour, exhibited by great spasmodic breathing, then closing the eyes and remaining motionless for a time, then again spasmodic action of the respiratory organs.

A peculiarity which we noticed in the eyes without any drops was, that in the morning, until about 9 o'clock, the irides were somewhat contracted; then they slightly dilated until about 11 o'clock, when they began to contract, and remained in this condition until 2 P.M., when dilatation took place until about 3 or 4 o'clock; then a slight contraction occurred till toward evening, when they began to dilate again, and by night were widely expanded.

A solution of atropia, gr.iv ad. $\bar{3}$j dropped in the eye of a pigeon, did not produce the least dilatation of the pupil; but, after eserine, of the same strength, there was in two minutes great spasmodic action of the lids, and contraction of the pupil, which, in four minutes, reached its maximum, the pupil being as small as a pin's point, and death occurred in half an hour. I also tried the action of both these salts on chickens, and did not see any effect, except that the eserine created a temporary irritation and congestion of the conjunctiva.

Giguel has observed, that "when a not too concentrated solution of atropine is injected under the skin, in the neighborhood of the eye, dilatation of the pupil of that side only takes place. In some cases when a concentrated solution ($\frac{1}{10}$) was used, its action was noticed in the pupil of the other side, but never by a weak solution." He coincides with Potain, that the one-sided mydriasis following a hypodermic injection of atropine in the peri-orbital region is the result of reflex action in the benumbing of the peripheric ends of the trigeminus. But when

the mydriasis is double, it shows direct action from the centre. He recommends the hypodermic injection of atropine for facial neuralgia, to be made in the immediate neighborhood of the diseased nerve.

Beside the dilatation of the pupil, there takes place, on the use of atropia, loss of accommodation, and the condition of refraction is generally reduced somewhat below the standard measure, which is found in complete rest of the apparatus of accommodation. This is particularly the case if it is put in the eye in strong solutions, or at short intervals.

It has a twofold action on the eye. It irritates the sympathetic, belonging to the motoric nerves of the dilator and vascular muscles, and paralyzes the motoric nerves of the sphincter pupillæ (contractor) and ciliary muscles.

"The paralysis of the oculomotor nerve is only relative, it consists only for certain innervations, during the reaction of the muscles from other impulses, and during which the iris is not sensitive to reflected and consensual irritation, nor impulse of the will, but contracts when the intraocular ganglia are directly irritated, or through interposition of the sensible branches of the fifth nerve, as is to be seen in the sudden contraction that takes place if paracentesis of the cornea is made, and the aqueous let out in a case where the pupil has been dilated, or if a strong chemical reaction is brought to bear on the ball in the same case.

"We have the same action by morbid irritation of the ciliary branches of the fifth nerve. It is constantly seen that atropia will not act in the least in cases of great ciliary irritation, as is often met with in iritis, many forms of keratitis, etc. It frequently occurs that, in cases where the pupil is well and largely dilated by the instillation of atropia, a severe ciliary irritation will suddenly set in, and cause the pupil to contract at once.

"Really the extent of the dilatation where there are no posterior adhesions is the best barometer for the degree of ciliary irritation" (Stellwag).

"By intense irritations of the sensible ciliary nerves, spasm of the ciliary muscles occur; this still more excites the sensible ciliary nerves, and through these the vaso-motoric nerves, which increases the inflammatory condition and appearance. This irritation and spasm often occurs in hypermetropic eyes, where there is great strain of accommodation in acts of vision.

The atropia relieves this spasm; and acts also sedatively on the fifth nerve. Its principal action consists in the contraction of the vessels in the anterior ciliary region, and thereby takes its place as a true antiphlogistic."

"As an antiphlogistic remedy, we have nothing like it in medicine; it acts to relieve inflammation on a particular circumscribed part of the body without affecting any other part."

Its absorption takes place through the conjunctiva and cornea, and soon after the instillation it can be detected in the aqueous humor. If a few drops of a solution of the strength of 2 to 4 grs. ad. ℥j is put in the eye, the pupil begins to dilate in 15 minutes, and reaches its extreme dilatation in about 30 minutes. The decrease of the accommodation is not simultaneous with the dilatation of the iris, but begins to diminish only after the pupil is somewhat dilated; and does not reach its fullest extent of paralysis until some hours after. After 3 or 4 days the pupil will be somewhat smaller, and a slight degree of accommodation reappears; but the latter is not fully re-established until 10 and sometimes 14 days.

The use of atropia is indicated in all cases where a dilatation of the pupil is necessary. With some few exceptions it is used in all diseases so long as there is any ciliary irritation. In many cases of severe ciliary irritation and spasm of the muscle, a leech or two, or the artificial leech, on the temple, will assist the action of the atropia in dilating the pupil.

A solution of the strength of four grains to one ounce water is strong enough to paralyze the accommodation if applied often enough. Generally one or two instillations in one day are sufficient; but in cases of spasm three or four are necessary, and sometimes it must be continued for two or three days. In very severe cases I find it best to instill a drop every five or ten minutes for half an hour, then wait an hour, when the instillation should be repeated for half an hour, as before. This has always relaxed any spasm that I have seen.

I think it a great mistake to use stronger solutions, or even the pure salt, as I have seen practiced, for the reason that they are too irritating to the conjunctiva, causing, in a very short time, too great a relaxation of the vascular muscles, thus developing a chronic form of conjunctivitis, and also from the probability of the sympathetic and dilatator becoming para-

lyzed, thereby causing the pupil to contract again somewhat from its maximum dilatation.

The use of atropia is contraindicated in cases where glaucoma is suspected.

"The greater part of the arteries of the iris bend direct into the veins, and these empty their contents almost without exception, through the venæ vorticosa of the choroid, with which they are in intimate connection through the ciliary processes.

"The pressure of the circulation in the eye is regulated in the normal condition partly by the contractile walls of the vessels, and partly by the elasticity of the ball, which extends in equal proportion. If more arterial blood flows into the eye, more venous blood is forced out, thus regulating the circulation. In this way the intraocular pressure and tension remain always an equal standard. If, however, from some cause, the eyeball loses its elasticity, it will not be in a condition to regulate the circulation as formerly. The consequence thereof will be, that by a temporary arterial increase the fresh blood cannot be pressed out with rapidity enough to keep the intraocular pressure at the normal standard, and then a slight choking of the veins will take place, causing an increase of tension in the ball.

"Hard eyeballs, with little elasticity, are often found in advanced age in connection with dilated atheromatous vessels, and in some cases it is habitual from birth, being hereditary in some families. Bulbs of this kind can take but little active action in the circulation of the eye, while the want of the proper elasticity can be the cause of much trouble.

"From the rigidity of the capsule the lamina cribrosa is extended, and gradually gives way, and presses back under the increased intraocular tension, thus causing the excavation in the disk as seen in glaucoma.

"By continued pressure the vessels passing obliquely through the sclera are eventually obliterated; the meshes in the lamina cribrosa become reduced and the main stems of the central veins compressed. From this the excavation will be the cause of a still greater choking of the vessels and an increase of the intraocular pressure; the greater part of the blood will try to relieve itself through the anterior ciliary veins which pass straight through the sclerotica, and whose calibre is not at first affected by the pressure, but become enlarged by the increased flow through them.

"We therefore see that eyes of greater than normal tension are disposed to glaucoma; and in such cases glaucoma often arises by outward influences of the slightest kind, as by any interference in the circulation of the eye, etc." (Stellwag).

As before mentioned, the action of atropia causes the blood to be driven out of the iris, back into the posterior uveal tract, and thereby an overfilling, and choking of the vessels of the choroid can take place, with the development of glaucoma in persons whose eyes are so disposed.

From this we see that there is danger in the instillation of atropia in the eyes of persons when there is an abnormal hardness of the ball.

By long continued use of atropia in the eye, the sympathetic fibres become somewhat weakened, and the blood vessels cannot perform their proper function. They become suddenly enlarged, pain sets in, and the conjunctiva and episcleral tissue become swollen and inflamed. Naturally, in such a condition, the use of atropia must be discontinued, and a light astringent or chlorine water used for a time. I have seen some persons of extreme scrofulous diathesis who could not bear the least particle of atropia without its being combined with chlorine water, or a very weak solution of sulphate of zinc.

Care should be taken to see that the solution of atropia used is perfectly clear and neutral. Sometimes the salt is not thoroughly washed, and it contains some excess of acid, which causes irritation. Solutions of atropia become cloudy and flocky on standing, from collections of free particles of carbon that get in it during manufacture, etc., and should be filtered or renewed.

In its use, some naturally passes, with the tears, through the lachrymal duct into the nose and down the throat; and on continued use symptoms of poisoning appear, as dryness of the mouth, bitter taste, headache, excitement, fever, etc.; to remove which quickly, one or two hypodermic injections of $\frac{1}{8}$ to $\frac{1}{4}$ gr. of morphium should be made, in the temple or arm.

Great care should be taken in its use by small children and infants. It is not advisable to allow the parents or others to apply this exceedingly dangerous remedy to such patients, for they are likely either to put in too much, or to let it run down the face into the mouth, and thus seriously, and perhaps fatally, poison the

child. I have seen some cases of infants and very small children, where not the least particle of atropia could be used without toxic symptoms, while the extract of belladonna, in weak solutions, could be made to answer very well.

In examining eyes, and using atropia, it should not be forgotten that, when the pupil is dilated, the accommodation is paralyzed, and the vision reduced; it is well to inform the patient of this fact, otherwise they are apt to become alarmed, and run from physician to physician, in their anxiety and worriment, fearing they are going blind from what has been dropped in their eyes.

THE DETECTION OF BRIGHT'S DISEASE, BEFORE THE APPEARANCE OF ALBUMEN IN THE URINE.

BY H. S. SCHELL, M.D.,
Surgeon to Will's Hospital, Philadelphia.

During the last few years my observations have convinced me that, in some instances, it is possible to diagnose degenerative disease of the kidneys, by means of the ophthalmoscope, before any of the symptoms which are usually relied upon have presented themselves.

One of the first cases which drew my attention to this subject was that of Mrs. M. T., a lady of sixty-two years of age, and a resident of a rural village in the interior of the State. While she was on a visit to her daughter in this city, in November of 1874, she consulted me with regard to failing vision. She had found that for a month or so previously her glasses no longer enabled her to see plainly, and she could find no spectacles at the opticians to improve her sight. Her vision proved to be $\frac{20}{cc}$ in both eyes. An ophthalmoscopic examination revealed slight degenerative changes in the crystalline lenses, but not enough to prevent an accurate examination of the deeper structures. Clustered on and around the maculæ lutea, were about twenty minute white spots. They glistened in the reflected light, and looked as if situated in the anterior layers of the retina. The clusters were each about two-thirds of the size of the optic disks, and, as nearly as could be judged, exactly alike in the two eyes. Three or four other small spots were scattered along the course of the retinal vessels, but otherwise the retina was clear, transparent, and not swollen. Although she had no other symptoms of Bright's disease, I requested an examination of the urine, and, to my surprise, found neither albumen nor casts. With the exception of a slight gouty tendency her health was quite good.

I saw this lady subsequently, at irregular intervals of a month or two, for nearly two years, and although in that time I made careful and repeated examinations of the urine, both chemically and microscopically, I was never able to detect a trace of albumen, nor a single tube cast, until in July of 1876. I then found that the changes in the crystalline lenses had remained stationary, that her vision had improved to $\frac{20}{c}$, and that the white spots had almost entirely disappeared from the retina. Her ankles now, however, were slightly œdematous, and the urine contained a trace of albumen and a few hyaline casts. I have not seen her since, but I hear that she is still living in the country, although her health is manifestly failing.

Another case was that of Elizabeth S., aged 60, whom I first saw in August, 1877. Her sight had failed three weeks previously, and at the time of examination her acuity of vision equaled $\frac{20}{lx}$. There was not the slightest evidence of kidney disease in her urine, nor in her general health, but yet her retina at the fovea centralis and macula lutea displayed a collection of minute white exudations, which pointed to Bright's disease. Œdema of the ankles, in the evening, first made its appearance, in her case, in two months afterward, and was even then unaccompanied by albumen in the urine, although a few short, granular casts were to be found. Since then I have lost sight of the case, and do not know its result.

Another somewhat similar case was that of a tavern keeper, aged 55. In this instance, at the first examination, a cluster of hemorrhagic spots were seen at the macula, and several in the course of the vessels. These all changed, in a week or ten days, into the white spots before described. Albumen was not detected in the urine until a month after the first examination.

Two other cases of similar glistening, white specks at the maculæ, occurred in women of 57 and 60 years of age. In the last instance cataract was commencing to form in the right eye, but the fundus could still be readily seen. The urine was free from casts or albumen in both cases, and as I saw the women but once I can say nothing of their subsequent history.

In none of these cases, I regret to say, have I used the test for the blood extractives proposed

by Dr. Owen Rees, in *Guy's Hospital Reports*, 3d series, vol. xiv, or that for hæmoglobin used by Mr. Mahomed, *Medico-Chirurgical Transactions*, vol. 57.

In all the cases above narrated the retinal arteries appeared to be normal in regard to size, as compared with the veins, and if there was any contraction, I could not perceive it. The veins were neither swollen nor tortuous. In no case was there, so far as I could detect, any disease of the heart.

It is, however, in the light of the investigations reported by Thoma, in the September and October numbers of *Virchow's Archiv.* for last year, that these cases assume particular interest. This observer made a variety of comparative experiments upon the anatomical and physiological conditions of the granular and of the healthy kidney.

He first endeavored to ascertain the relative amount of flow which would take place through the renal vessels in the contracted and in the sound organ. The measurements were all taken under equal conditions as regards the age of the individuals and the amount of pressure used. He found that the volume of fluid which could be passed through the diseased organ was much less than through the healthy one, as the lessened size of the kidney would naturally lead us to expect. In addition to this, however, it transpired that the amount of liquid issuing from the renal vein, as compared with that entering by the renal artery was, in the granular kidney, much less than in health ; indicating probably a greater outflow through the tubules in the diseased condition.

Very careful comparative measurements of the various parts of the healthy and the granular organ showed that the sectional area of the renal artery in the latter is very slightly smaller than in the former, in persons of the same age and weight. But if the size of the kidney itself is made the standard of comparison, then the diseased artery is from a fifth larger to twice as large as the sound one. The interlobular arteries, the vasa afferentia and the glomeruli are all absolutely larger. The rapidity of the circulation of liquids through the arteries of the diseased was less than half that of the normal organ. On the other hand, injections of colored fluids transuded more readily through the walls of the arteries in the granular than in the sound kidney, and this obtained even when the vessels were apparently healthy. Colloid substances, saline solutions, and even solid particles of coloring matter, also passed easily through their walls. The capillary network proved to be much atrophied, and direct vascular connection took place between the afferent and efferent vessels, the glomeruli being often cut off from the circulation by constricting bands of fibrous tissue growth. As a general rule, notwithstanding the fibroid growth of the intima, the lumen of the vessels is not diminished. A contraction may take place, of course, when there is endarteritis superadded.

All this is opposed to Gull and Sutton's theory, that the narrowing of the vessels by new growth causes the obstruction to the circulation. It shows that the vessels in granular kidneys are not of less than the normal calibre, and that the obstructions to the circulation are outside of the arteries, in the connective tissue of the kidney. Such changes, however, as do take place in the walls of the vessels, lead to increased permeability of their coats, and hence we have a greater flow of urine and albuminuria.

These same changes probably also go on in the vascular walls in other parts of the body, and as the retinal arteries are so favorably placed for clinical observation, we might naturally expect to find new conditions in connection with them, even before sufficient alterations have taken place in the structure of the kidney to call attention to disease there. Besides this, the retinal arteries, lying as they do in the nerve fibre layer, with no support on one side but the nearly fluid vitreous, would more readily show the effects of increased permeability of their walls than those vessels which are imbedded in solid tissues. The eye, even in health, is subject to variations in its tension or the pressure of its contents. When the vessels are sound, such increase or lessening of the tension of the globe takes place without causing any more than the natural transudation or absorption of the humors of the eye. But if the vascular coats become abnormally permeable we cannot but infer that lessening of the ocular tension would be followed by the extravasation of blood, and especially from the delicate loops about the macula lutea. Such extravasations may, according to circumstances, be absorbed before the eye comes under observation, or, what is more likely, may end in the formation of the exudative products described in the cases above related.

1802 *Chestnut street.*

CASE OF DEPRESSED CRANIAL FRACTURE—RECOVERY.

BY A. H. MELLERSH, M. D.,
Of Philadelphia.

I have the following interesting case to report. S. M., aged 29 years, married, coachman by occupation, good physique, regular and steady in his habits, was thrown from a carriage in the grounds of Girard College; his head struck the roots of a tree with violence, and a portion of wood penetrated the roof of the orbit above the inner canthus, and passed into the cranial cavity; the frontal bone was also fractured at the outer margin of the orbital ridge.

The patient was seen by Dr. Berlet and myself, ten minutes after the accident; we found him in a semi-unconscious condition, with considerable hemorrhage, proceeding, probably, from the palpebral arteries; the hemorrhage was controlled by ice and pressure.

The wound of the soft parts extended from the middle of the orbital ridge to below the inner canthus, and the orbit was displaced outward. Consciousness returned half an hour after the accident, and he commenced to vomit; this was partially the result of having swallowed a considerable quantity of tobacco. In spite of support given to the wound, the act of vomiting caused the protrusion and loss of about half an ounce of the cerebrum, consisting almost entirely of the cortical substance, and including the supra-orbital convolution, which we at first mistook for the olfactory ganglion.

On the arrival of Dr. Marcoe, the physician to the institution, he decided that the depressed portion of the orbital plate should be at once elevated, but although the lazaret appointments of this noble charity are very perfect, the necessity of constant medical attendance rendered it necessary to remove the patient to the German Hospital, where the operation was performed. On exposing the bone, to elevate the depressed portion, a small quantity of cerebral substance was again lost, but the general condition became decidedly improved, the temperature, which had been below normal, rose to ninty-nine; the pulse was fifty-six, and the pupils dilated; he spoke rationally, but was very apathetic and drowsy; strange to say, the eye was discovered to be uninjured.

Reaction setting in, ice was applied to the head and wound, and a purge administered, followed by bromide of potassium.

Under the care of Dr. Wm. Ashbridge, Surgeon in charge, the progress of the case was very satisfactory. On the second day there was slight suppression of urine, and the semi-comatose condition continued. On the third day there was vomiting, pulse dicrotic, temperature 98½; respiration normal, extremities cold; gave stimulants. Fourth day, considerable delirium. Seventh day, carbolic injections were used, into the wound, and there was a copious discharge, which had the peculiar odor of disorganized nerve tissue. Ninth day, wound was kept freely open with sponge tents.

From this time the convalescence was slow but steady, and at date of writing this report the patient is performing his usual duties, and, with the exception of the deformity caused by cicatricial contraction, he has nothing to complain of.

This case is another instance of the remarkable recuperative tendency, under favorable circumstances and treatment, which shows itself occasionally in the most desperate cerebral lesions, and is a warning not to remit in our efforts, even in apparently hopeless conditions.

Case of Chronic Bromine Poisoning.

A. M., a man of large frame, fifty-four years of age, and of good constitution, had worked in the manufacture of bromide of potassium for ten years; the bromine gas, he avers, was at times so strong as to cause him to spit blood. The first symptoms that he noticed occurred more than a year ago, and were alternate diarrhœa and constipation; then followed vertigo and photopsia, together with some loss of coördination and anæsthesia of the lower extremities, but these symptoms were not severe enough to prevent his working, which he continued till August. The derangement of vision increased, but in December he could still read; about this time the photopsia gave way to amaurosis, which progressed, within a year from the first symptoms, to almost total blindness. There was great constipation, with enlargement and hardness of abdomen; dysuria and retention of urine, with vesical pain, were also prominent symptoms. The heart was irritable. The olfactory and gustatory functions were unimpaired, and there was no loss of memory.

While under Dr. Cohen's care, in the German Hospital, there was some improvement in the coördination.

Dr. Charles S. Turnbull, at whose instance

the case was admitted, had diagnosed the following conditions: incipient atrophy of both optic nerves; the vision had diminished one-half, the disks were white, the arteries small and thready, and the retina anæmic, while there was loss of color perception and mydriasis. He also examined the urine, in which he discovered some traces of bromine.

Prof. DaCosta, who saw the case at the clinic, and to whom I gave notes, considered that there was also sclerosis of the anterior columns of the cord.

There are but few reported cases of chronic bromine gas poisoning, which renders the above of some interest.

Hospital Reports.

CLINICAL LECTURE.

BY ALFRED L. LOOMIS, M. D.,

Professor of Pathology and Practice of Medicine, Medical Department, University of the City of New York.

Reported expressly for the Medical and Surgical Reporter.

Chronic Bronchitis, Simulating Phthisis—Premature Atheroma.

Gentlemen—I have never, until now, seen the patient before us, and I will proceed at once to get the history of her case, as far as I am able, from her own lips:—

How long have you been sick, my good woman? "Since Christmas" (just three months). Were you quite well up to that time? "I was never sick a day in my life before." How were you taken ill? "I was out whitewashing, and took cold." How did the cold trouble you? "I had a great cough." Was the cough the first thing you noticed? "Yes." Did you not have a chill first? "No sir." Had you nothing else the matter with you except the cough? "The change of life came on at the same time." How do you know that? "My monthly sickness had always been very regular up to that time, but then it stopped, and I have never seen it since." How old are you? "Fifty-two." Have you had children? "No, I have never been married." How old were you when your monthly sickness first appeared? "I do not remember." Have you always been temperate? "Yes, though I like a glass of ale when I am working hard." And a little punch sometimes when you go to bed? "Yes, sometimes." Did you have any pain in your chest when you were taken sick? "Yes, some pain, and I got very weak." What kind of a cough did you have? "Dry and hard, at first." Did you have any spit? "Not at first, but afterward I had." What was it like?" At first it was white, and then it grew yellow and thick." Was there ever any blood in it? "No, none at all." Have you found that you have been getting at all short of breath? "Yes." Since how long? "About five or six weeks ago I first noticed it." Have you been confined to bed at any time during your sickness? "No." Has anything else been the matter with you? "My feet began to swell four or five weeks ago." Anything else? "No." Can you lie down completely in bed when you go to sleep, or do you have to be propped up with pillows? "I always cough a great deal when I lie on my back or upon the left side, but I can sleep very well lying on the right side." Have you lost flesh since you have had this cough? "Yes, a good deal." Do you know anything of your family? have they usually been long-lived? "They almost all live till over seventy. It never ran in the family to get sick, and there never has been any lung trouble among them."

(At this point Prof. Loomis asked four students, in succession, what they thought was probably the matter with the patient. One of them was of the opinion that it was a case of incipient phthisis, and the other three stated that they thought there was some heart trouble.)

As you look at this woman, you are at once struck by her extreme emaciation. She says she was never weighed in her life, as far as she can remember, and, therefore, it is impossible for us to determine how much flesh she has actually lost; but, from her appearance, I should say a very considerable amount. When you place your fingers upon the radial artery, you will perceive that the pulse is exceedingly small and feeble. There is also something peculiar about the pulse in this case. The artery feels hard and cord-like, and rolls under the finger. Now what is this due to? *Student.* "Disease of the artery." Of what sort? "Some trouble caused by Bright's disease." How would that cause trouble of this kind? "By the presence of urea in the blood." What would that do? "I do not know." If the nutrition of the artery were interfered with, what would result? "There would be degeneration of its walls." Of what sort? "Atheromatous." What do you mean by that? "I think it is the same as fatty degeneration." You think, then, that the urea in the blood acts on the walls of the blood vessels, and causes fatty degeneration in them? "Yes." This is impossible unless the nutrition of the vessels is first interfered with. But if this result occurred in such a manner in the walls of the arteries, it would follow that the same degeneration would take place in all the tissues of the body, because they all depend on the blood for their nutrition. No; you must reverse your process. The trouble begins in the arterial walls themselves.

Every case of degeneration of the arteries,

except it be due to old age, commences in an endarteriitis. When there is degeneration of the blood vessels as the result of age, it is not confined to them, but affects all parts of the body, to a greater or less extent. Such degeneration is primarily fatty, and it is a perfectly natural process in one sense. But if the other form of degeneration occur at all in Bright's disease, it is in consequence of the irritation produced by the urea in the blood upon the walls of the arteries. There is first fatty, and then that results in atheromatous, degeneration. There is a deposit of a cheesy substance, of a yellowish-white color, in the tissue, and this causes atrophy of the structure in contact with it.

Now, I believe that there is no evidence of approaching age so positive as the decay of the arteries. There are certain families in which degeneration of the arteries commences very early, and individuals belonging to such never live more than sixty years. A person with this tendency is as old at sixty, as far as the decay of the powers of life is concerned, as an ordinary individual at eighty or more. Such degeneration, you will understand, is not due to any arteritis, but simply to the effect of premature old age. The members of these families reach their prime at forty, and from that time begin to decline. The patient before us is only fifty, or a little over, as she has told us, and unless she belongs to such a family as I have described (which would not seem to agree very well with her statements concerning the family history), she has no business to have this degeneration of the arteries. But if there is syphilis, gout, alcoholism, or some other poisonous taint of the system, that is altogether a different matter.

The man who has a hereditary predisposition to phthisis, is to be congratulated if he attains middle life without exhibiting any manifestations of the disease, because he has lived through the period when it is most likely to become developed; but the troubles of the individual with a gouty diathesis only commence when he arrives at the age of forty. From that time on comes the period when apoplexy and similar troubles are liable to occur. From some cause or other, this woman is old for her age. It may possibly be due to hard work and the privations to which she has been subjected, or perhaps it may be due to some hereditary tendency to atheromatous degeneration. This subject, you will find, is scarcely touched upon at all by the books; yet the longer I practice and the more I see of men, the more and more am I convinced of its extreme importance. I cannot, therefore, impress too strongly upon you the necessity of studying most carefully the hereditary tendencies and the habits of life of those who are thrown in your professional care.

Now, let us make an exploration of this patient's chest. On inspection we find very marked emaciation everywhere, but there is no perceptible difference between the two sides, in the infra-clavicular spaces. The emaciation is so remarkable for the disease present here as to lead to the suspicion that it depends largely on lack of proper food, and on inquiry I find that the poor woman actually does not get enough to eat. This point must be taken duly into consideration, therefore, in making up our minds about the case. The patient is positive as to the fact that she never had any cough or shortness of breath, whatever, up to three months ago, and so it seems hardly reasonable to suppose that the loss of flesh is due, or mainly due, to whatever thoracic trouble there may be here.

On percussion in front, we find resonance on both sides; but the percussion note seems to be somewhat higher pitched on the left side than on the right. The heart appears to be perfectly normal in every respect, as far as we are able to make out. You notice that the breathing is a little hurried, and on auscultation behind harsh respiration is everywhere found. There is a sonorous blowing sound, which is due, undoubtedly, to some change in the larger bronchial tubes, and which is heard on both sides of the chest alike, all over the whole extent of the lungs; but there is nothing like bronchial respiration. When the ear is placed just under the left scapula, and the patient coughs, you hear abundant moist râles and bronchial expiration, but, as I said, no real bronchial breathing. The same is true upon the right side, under the scapula, but the sounds are not quite so marked there. The only thing that indicates anything at all like consolidation is this bronchial expiration, and I should not be willing to depend on that for the evidence of this condition. The inspiration is prolonged and harsh.

There is no retraction of the chest on either side, and there has, therefore, probably, been no pleurisy, and there is no evidence of emphysema. The diagnosis that we arrive at from the physical signs is bronchitis. But how can we explain the remarkable appearance of the chest from this diagnosis? Upon merely looking at this woman, without investigating her case, I think almost any one would pronounce her to be in an advanced stage of phthisis. Some one suggests that there may be disease of the kidneys; but, on carefully questioning the patient in regard to the matter, I cannot find any evidence, either in the history of the case or the symptoms now present, which would lead me to suspect any trouble of this kind.

To what, then, are we to attribute the extreme emaciation that is so marked a feature of the case? As before intimated, I think the only reasonable explanation is to be found in the lack of nourishment from which the patient has suffered; or, to put it in plain English, starvation. She has been a hard-working woman, and frequently subject to exposure, and just at the time of her menopause she seems to have taken cold and had an attack of bronchitis. Now, it has been observed that bronchitis contracted at that period is more likely to become chronic than under ordinary circumstances; and so it seems to have proved in the present

instance. The auscultatory sounds which have been noticed under the scapulæ I should imagine to be due, in part, at least, to peri-bronchitis, the bronchial tubes having become thickened, and the inflammatory process having spread, to some extent, to the surrounding tissues. There is no phthisis about the case, unless you should call this bronchial phthisis, and I think this latter term should never be employed unless there is really fibrous induration of the lung in consequence of the peri-bronchitis.

The question next arises why the patient can lie on one side of the chest without exciting cough, and not on the other. I must confess that I do not find any satisfactory means to explain this, in the present condition of the thoracic organs. In pleurisy, patients can lie most comfortably on the unaffected side, after the acute stage is past; and when there is a pulmonary cavity, the individual always lies in such a position that the secretions will not flow out into the bronchial tubes, a circumstance which is very apt to excite a violent spell of coughing. It is well to remember that the act of coughing is excited invariably by some irritation of the larger tubes, and that the same irritation of the smaller ones does not give rise to it.

I will now ask one of the gentlemen of the class what treatment he would suggest in this case. *Answer.* "Cod liver oil, hydrocyanic acid, chloral, and good nutrition." Very much such a reply as has just been given, I think, would be that of not only a great majority of those present, who are principally students, but also of medical men engaged in active practice. And yet, it seems to me, that to commence the treatment with medicines, in such a case as this, would show that there was something wrong in the working of the mind of the individual suggesting such a course. There is not the slightest question that a change in her hygienic surroundings and plenty of good food are what this woman primarily needs; and, indeed, I will venture to say, that if you will only attend carefully to these points, your drugs can be left out altogether. As her general condition improves, her cough will become less and less troublesome, and though she may be affected with chronic bronchitis for the rest of her days, it will not occasion any serious detriment to her health. It is wonderful how this class of individuals improve under simple hygienic management, and I have often been astonished at the remarkable results produced merely by a temporary residence in a hospital. These people come from the most wretched quarters, where they have been surrounded by all that is most pernicious to health, and exposed to constant hardships, privations, and mental anxiety as to how soul and body are to be kept together; and as soon as they are admitted to our hospitals, where they have comfortable beds, reasonably good food, and freedom from care and worriment, they become different persons altogether. This entire change in their condition is often effected without any medication whatever.

GUY'S HOSPITAL, LONDON.

REPORTED BY JOHN B. ROBERTS, M.D.

Double Amputation of the Legs for Gangrene Following Frostbite.

UNDER THE CARE OF MR. BRYANT.

This man, aged 28 years, was exposed to the cold for four days, it is said, and was during that time without food. When admitted to the hospital, five days ago, his feet had been frozen, as was evident from their anæmic and wax-like aspect; and that gangrene would occur was equally certain. The patient, who was greatly depressed, was given good nourishing food, and topical applications were employed. At the time of operation sloughing had commenced, and a pretty distinct line of demarkation was exhibited. The general condition of the man had improved at the same time, however, and the question of amputation, therefore, came up for decision. It was almost a hopeless case, but on the whole it seemed advisable to remove these two gangrenous feet, which were filled with septic material, and thus prevent further depression of the system, by the absorption of putrid matters. Of course, it must be amputation of both legs, and as it was to save life, the operation must be done as low as possible, hence the sloughing parts should be removed a little above the line of demarkation, which was about the middle of the legs. The right leg was elevated, to drain out the blood, and a gum band used as a tourniquet around the thigh. Lateral flaps of skin, with a circular division of the muscles, were then made. Next the periosteum was turned up with the raspatory and the bone sawn through. Torsion was employed, to arrest hemorrhage, which had to be completely checked, since immediate union was desired, as suppuration would cause such a disastrous drain. After the flaps were sutured in position, a skein of horsehair was passed through with a probe, to give free drainage in case suppuration of any account should occur. Dry lint was then placed over the stump, and splint applied, to steady the parts; after which a sponge soaked in carbolized lotion was adjusted over the end of the stump, outside of the lint. A similar amputation was done on the other leg, but it was necessary to remove it further up, because the parts were infiltrated higher. There was rather more hemorrhage, and a few catgut ligatures were used when torsion did not seem efficient. Capillary hemorrhage was controlled by applying a sponge which had been dipped in hot water. This was to check the oozing, and cause glazing of the cut surfaces. The subsequent dressing was the same as that used for the other limb, and consisted of dry lint in strips, a splint and the external carbolized sponge, which were adjusted after the sutures and horsehair drainage had been properly applied. As stated, this case was almost hopeless, but operation seemed to be the only method by which the sailor, in his present

condition, could be given a chance of life. In a few days time only, can it be told whether his system will react from the great shock caused by the exposure, the gangrene and the resulting double operation.

Medical Societies.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

Specially Reported for the Medical and Surgical Reporter.

At a Conversational Meeting, held March 13th, 1878, President Henry H. Smith in the chair, a paper was read by Dr. William S. Stewart, entitled, "Some Considerations in Regard to the Causes of Cholera Infantum." (See vol. xxxviii, p. 471.

The Chairman said that among the causes of cholera infantum must be mentioned the condition of the system that accompanies teething. It occurs in the lower animals, and he had seen it among monkeys in a menagerie; in the latter case it had been relieved by lancing the gums. In reply to a question from Dr. Allis, as to the results of feeding with a spoon, he would say that the action of the jaws in sucking is necessary, to discharge the saliva from the glands under the jaw; this would not be done in feeding with a spoon, and he believed that such a practice might favor indigestion and diarrhœa.

Dr. J. M. Barton understood that some one had spoken of sewer gas as being seen; this could not be. The ventilation of sewers by making a draft downward, as recommended by the lecturer, he did not consider practicable, on account of the lightness and tendency to diffusion, of the gas.

Dr. Stewart believed ventilation to be practicable, as suggested by Professor Waring, with double traps and pipes running from the sewers to the tops of high chimneys of manufactories, etc. His own idea was to do away with this, and let the sewers be ventilated at their outlets, as at Frankford.

Dr. Nancrede said that cholera infantum should not be confounded with entero-colitis, which is so common among the infants of cities during the summer, and which may even be accompanied by congestion of the brain. Cholera infantum resembles sporadic cholera in adults, and comes on suddenly, without any error in diet having been committed, and is most frequent during periods of intense heat. The greater number of cases reported as cholera infantum are really entero-colitis, and are connected with improper feeding and the causes referred to.

Dr. Benjamin Lee was especially interested in the hygienic care of children in cities, but at the same time did not believe that any amount of hygienic precaution could entirely prevent cholera infantum. Observation had shown him that intense heat is the sole cause of this disease, and the only way to manage it successfully is to reduce the bodily temperature of the child, by means of baths, thin clothing and proper food, and by any method that favors evaporation from the surface. The etiology is the same as of cholera; the intestinal trouble is secondary, and results from disorder of the nervous system.

Dr. R. A. Cleemann agreed with Dr. Lee, that cholera infantum is principally due to atmospheric influence. He noticed that, in London, a number of cases are reported as infantile diarrhœa during the summer months, accompanying a temperature that would not bring out cholera infantum here; but the degree of heat required to bring on the disease there is at least five degrees of Fahrenheit below that of Philadelphia.

Dr. John G. Stetler thought that country districts should be affected as much as the cities, if the high temperature were the sole factor.

Dr. W. R. D. Blackwood believed that personal cleanliness had much to do with the susceptibility of children to cholera infantum. Every child under five years of age should be bathed every day, and in his experience such children were less liable to be attacked. Heat has a great deal to do with the causation, but during a long residence in the South he never saw as much cholera infantum as we have here. He thinks it is due to the houses being heated by the sun during the day and radiating the heat at night. It is hotter during the night in some of our city courts than it is in the daytime. Children should be kept cool and much in the open air, and frequently sent to the park during the heated term. He differed from Dr. Cleemann about the occurrence of this disease in Europe. An English physician, on a visit to Philadelphia, told him that he never saw anything like it at home.

In using nursing bottles, he prefers the black rubber nipple, and always uses two, ordering them to be washed as soon as used, one being in soak in a baking-soda solution, while the other is on the bottle. He believed that some children are killed by much diluted condensed milk; good, fresh, unskimmed milk is much preferable.

Dr. William B. Atkinson said that on account of the heated nights in the city, the children had not time to recover from day to day, but were completely prostrated; this cause does not exist in the country, or at the seashore. He agreed with the preceding speaker in regard to bathing, both winter and summer; but differed from the lecturer in regard to foul air being the cause, because he has never seen a case in "the Neck," where the odorless excavators are emptied, although the smell is constant. In feeding infants he condemned the tube and white rubber nipple, and said if he could not have black rubber, he would prefer feeding with a spoon.

Dr. O. H. Allis did not believe that there was any functional activity of the salivary glands until the eruption of the teeth, and that previous to this the infant has little need for the buccal secretions.

Dr. C. B. Nancrede said that true salivary secretion does not appear until the fourth or fifth month; previous to this it contains no ptyalin.

Dr. William M. Welch referred to the recent edition of "West, on Diseases of Children," where the statement is made, by Dr. Eustace Smith, that the saliva does not appear until the third or fourth month, this being given as a reason why infants should not be fed on farinaceous food.

Dr. R. B. Burns said that the chief objection to the spoon is, that you could not feed without disturbing the child, but this can be done with the bottle. He believed heat to be the principal cause of cholera infantum, and teething to be a coincidence. Dr. Atkinson said that an exemption exists from the disease in "the Neck;" it is not so in Frankford, where his father practiced for many years, and he saw such cases frequently.

Dr. Stetler said that in the country where he was brought up, they used to rear children upon pap and feed with a spoon, and it was very effective. They did not have nursing bottles in those days, but the children thrived just as well as now.

Editorial Department.

Periscope.

Pneumonia and Epidemic Diseases.

At a recent meeting of the Epidemiological Society of London, Dr. William Squire read a paper on the relation of pneumonia to epidemic diseases. He said that pneumonia is not specially a disease of cold weather or of cold climates; like phthisis, it occurs with greater proportional frequency among dense populations; but, unlike phthisis, the mortality is not evenly distributed throughout the different months of the year. Nor does the seasonal mortality from pneumonia correspond with that for bronchitis, which increases in cold times and places, but follows a course very similar to that for some epidemic diseases. In northern towns, many cases of broncho-pneumonia in the very old and very young are included in the pneumonia returns, making them higher in the winter than in the spring; latterly, with more precision in the diagnosis, we find a progressive increase in the returns from bronchitis, with the highest mortality in January; and a decrease in returns for pneumonia, the greatest mortality occurring always in the spring. Among epidemic diseases, small pox and whooping cough, are found invariably to have their greatest increase in the spring. Scarlet fever as invariably increases at the end of summer, and is most fatal in the autumn. Measles has both a summer and winter recrudescence. Enteric fever is an autumn epidemic, and not coincident with pneumonia. It was with typhus and not with enteric or typhoid fever that von Ziemssen associated pneumonia; their decrease in London, as noticed by him, coincided with the enforcement of the Common Lodging House Act; but typhus prevails without pneumonia and pneumonia without typhus. The diseases which correspond more nearly with pneumonia are puerperal fever, erysipelas, quinsy, and croup. The pneumonia frequently fatal after measles, and which complicates whooping cough and diphtheria, is of the catarrhal or secondary kind; this should be considered as part of the diseases it complicates; it has no appreciable influence on the pneumonia returns. Acute primary lobar pneumonia is, according to the author's experience, not rare in children; part of the large infantile mortality from pneumonia may be fairly attributed to it. A marked difference between the acute primary pneumonia and the secondary or catarrhal form is found in the temperature chart of the two diseases, constructed from numerous cases of both kinds at all ages. In catarrhal pneumonia, three, four, or more days of moderate fever lead to a central peak of 103 deg., or rarely 104 deg., and never long maintained at that point, but subsiding as free expectoration is formed. True pneumonia commences with a temperature of 103 deg., even on the first day of chill, and before the local signs of the disease are distinct; the temperature then rises suddenly to 104 deg. or to 105 deg., and is steadily maintained at or near this height, with no marked evening exacerbation, for six or seven days, and then descends by two steps to the normal, the first descent preceding any marked improvement in the lung. This typical temperature course is found eqally in sthenic and asthenic cases, whether produced by foul air or by chill, in children of from one to five years of age, as well as in adults. It is not necessary to assume a specific poison for pneumonia because of this marked course; the definite duration, the cessation of the general febrile disturbance before the subsidence of the local mischief, and the tendency of that to disappear after the febrile stage is over, are all found in diseases not brought about by an infecting germ. Nor is the difficulty of producing pneumonia by direct irritants, as in the experiments of

Heidenhain, a sufficient reason for such assumption; the changes noted in the lungs by Friedländer, after section of the vagus and recurrent nerves, has a closer bearing on the subject. Many conditions of fatigue, chill, malaria, and constitutional change may lower nerve-tone and predispose to an attack of pneumonia. In its tendency to affect some persons more than others and to recur, it resembles erysipelas; both are found in local outbreaks associated with circumstances of defective hygiene. All these considerations remove pneumonia further from the local inflammations, and correlate it with the general diseases more directly under the influence of conservative medicine.

The Dietetic Treatment of Serous Effusions.

In the *Lancet*, December, 1877, Dr. W. B. Cheadle details some clinical experiments on the limitation of fluid in the food as an aid to the treatment of serous effusions, and concludes his paper as follows:—

The cases here reported are too few in number, and the experiments too limited in scope, perhaps, to furnish any complete and final proof of the exact value of the treatment adopted. But one or two results come out very clearly, and are sufficiently striking and important to merit further examination, viz.—

1. The fact that, in cases of serous effusion, at any rate, if the fluid taken into the body as drink be limited to a small quantity, an amount of fluid can be drawn out of the body by the stomach and bowels, greatly in excess of that thus put into it at the time.

2. That, although the excess of fluid thus drawn off may be obtained, to some extent, at the expense of the other secretions, or the blood, the simultaneous subsidence of the dropsical accumulations, and the absence of any other sufficient source of supply, show that it must have been chiefly derived from the latter.

3. The proportion of outflow by urine to inflow by drink, or the gain in drainage by the kidneys, was always greater when the fluid taken in as drink was reduced below twenty ounces; and more than this, that the gain in drainage was in inverse proportion to the fluid swallowed.

4. The greatest drainage, *i. e.*, the greatest excess of outflow over inflow, was attained in each case under the administration of digitalis.

5. The reduction in the gross outflow of urine was always less in proportion than the reduction of inflow by drink, with which it corresponded; and, conversely, the increase of urine was always less than the corresponding increase of inflow by drink. The latter result may, however, have been affected by the previous privation. While it appears, therefore, that in these cases the drainage by the kidneys was generally effective in inverse proportion to the quantity of drink swallowed, and that under the influence of digitalis a greater excess of outflow by urine over inflow by drink was obtained when the latter was limited to from five to sixteen ounces than when twenty to thirty ounces were taken, it does not necessarily follow that the same rule would hold good if larger quantities of fluid still were taken. It is possible that the additional quantity taken in may be more than compensated by increased outflow, under the action of purgatives and diuretics. The enormous discharge of urine in the first case, under the influence of digitalis, for two days before the drink was limited, would at first sight seem to support this view. But although, owing to the amount of drink not being measured, the means of accurate comparison are wanting, if we take the lowest average of 30oz. =849 cc. as the quantity of drink, it will be seen that the excess of inflow over outflow was 451 cc. and 195 cc., or an average of 1100 cc., as compared with 2157 and 1357, or an average of 1757 cc. for the two days next following, when the fluid was limited to sixteen ounces. The presumption furnished by the evidence in these cases, and especially by the record of the last, during the period when drink was unlimited, is against the view that the diuresis would be increased in proportion to the increased supply of fluid—that is, "water in the best diuretic." But experiments as to the effect of diuretics, and especially of digitalis, together with a free and large supply of drink, are necessary to clear up the point satisfactorily.

It is remarkable that the suffering from thirst should have been so slight. The restriction of drink caused no serious distress in any case, and the discomfort experienced was relieved and fully compensated for by a few acid drops, except in the fourth and fifth cases, in one of which there was advanced renal disease, and in the other much fever.

It is further worthy of note that the limitation of drink did not produce any great diminution of the gross quantity of urine in the case of renal disease, nor any symptoms which would forbid the adoption of such treatment on occasion in similar cases. It would be desirable to ascertain the effect of the restriction on the excretion of urea.

Finally, then, limitation of drink may fairly be used as an adjunct to treatment in cases of passive dropsy or inflammatory effusion when the acute stage is over. In acute cases, accompanied by much thirst and fever, such restriction would probably be ill borne. In serious renal disease I should hesitate to adopt it, except with much caution and constant estimation of its effect upon the gross excretion of urea.

The Use of Carbolic Acid in Typhoid Fever.

The London *Medical Record* says: In *Lo Sperimentale* for January, Dr. C. Tempesti relates two cases illustrative of the use of carbolic acid in enteric fever. They were observed during an epidemic of the disease which prevailed in 1875.

The first patient was a girl, aged ten. The

ordinary symptoms of the disease had been present several days, when, in the course of the second week, there appeared nocturnal delirium, epistaxis—often abundant, diarrhœa, depression, stupor, bronchial catarrh, sordes on the nostrils and teeth; and there was hemorrhagic discharge from the gums, fauces, and tongue. Recourse was had to clysters of cold water and to painting the parts inside the mouth with a solution of two parts of carbolic acid in one hundred of water; but the disease obstinately resisted all treatment. Dr. Tempesti then decided to give the patient the solution of carbolic acid as a drink; she took it with avidity, and in a few hours half a drachm of carbolic acid had been taken. The next day all threatening symptoms had disappeared, and the patient asked for food. Half a drachm of carbolic acid was again given in solution; two weeks later the patient was convalescent, and soon completely recovered.

The second case also occurred in a girl aged ten, who was the subject of very severe typhoid fever with dissolution of the blood. The internal use of carbolic acid was prescribed; but through the prejudice of the friends the administration of half a drachm of the acid was spread over five days; hence the medicine was useless, and the child died.

Dr. Tempesti sums up in the following conclusions.

1. Carbolic acid may be a remedy of much value in cases of typhoid fever in which death is threatened (the putrid state of old writers), and is worthy of being subjected to clinical research.

2. The dose must be sufficiently high (half a drachm or a drachm daily in ordinary drink or in abundance of water). Small doses (perhaps in consequence of the nervous stupor which prevails in typhoid fever) are of little or no therapeutic efficacy.

Iodine Injection of the Knee-Joint.

Dr. Orlow states (St. Petersburg *Med. Woch.*, April 6) that he has performed this operation in ten cases—in eight on account of chronic serous effusion, and in two for purulent collections. In none of them did any ill effect result, the patients being at once dismissed after the injection had been made. Two of the cases occurred in children, and the others in persons aged from twenty-six to forty-five. Seven were females, and three males. A trocar (about double the thickness of an exploratory trocar) was employed, the puncture being made at the outer side above or below the patella, according to the amount of distention, anæsthetics never having been employed. The discharged fluid varied in amount from four ounces to four drachms. The injection consisted of one drachm of the tincture of iodine, of the Russian Pharmacopœia, and three drachms of water. Some portion of this flowed out again after two or three minutes, and that which remained in the joint excited but slight temporary irritation, so that the patients were able to leave the dispensary on foot. The inflammatory condition of the joints was rapidly ameliorated, and during eight months no relapses have taken place, the only after-treatment resorted to having been closure of the orifice of the puncture by adhesive plaster.

Treatment of Infantile Diarrhœa.

Dr. Blache, in the *Journal de Therapeutique*, gives the following as his treatment in all cases, modifying it according to circumstances. 1. Reduction of the quantity of food given; suitable injections, repeated according to need, and poultices on the belly. 2. The administration each morning, during three, four, or five consecutive days, of a small teaspoonful of equal parts of castor oil and syrup of gum arabic, simply emulsified by shaking the bottle at the time it is used. When the child is under six months old, one gramme (15 grains) of castor oil is enough for a dose; and if from six months to two years old, from two to three grammes are necessary. If after the second day the diarrhœa be less but have not entirely disappeared, no more of the medicine should be given than on the day before. On the other hand, if the stools be particularly fetid and glairy, another dose must be given on the same evening, as well as on the next day. If the case be one of profuse liquid diarrhœa, recurring twelve, fifteen, or even more times in the twenty-four hours, the mixture must be altered, doubling or trebling the dose of gum, and adding a little vinum opii, from one to three drops, at the most, according to age, in the four-and-twenty hours, and the medicine must be repeated every two or three hours. The object or effect of this castor-oil treatment is to cleanse the mucous membranes, which it modifies, without, however, purging, in the general acceptation of the term. Injections are equally useful. First, a large injection of camomile tea is given, followed in twenty minutes by a small injection of starch. These are repeated whenever a series of four or five actions of the bowels occur in the space of from six to ten hours. In the latter case bran of marshmallow is substituted for camomile. As to the absorbents, more especially bismuth, so often used in these cases, M. Blache distrusts them, as they may bring on convulsions, doubtless, by preventing the cleansing of the mucous membrane.

Ovariotomy in Children.

At the London Obstetrical Society, recently, Mr. Marsh remarked that Mr. Spencer Wells had operated successfully on a child eight years old, and that there was a case recorded in America of the age of seven years. Another case, in a child of three years, ended fatally. He had been told that M. Basil, of Bonn, had performed ovariotomy on a child two years of age. He added that most, if not all, of the cases were examples of dermoid cyst.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——Dr. B. London, of Carlsbad, Austria, reports in a separate publication several cases of perforating ulcer of the stomach healed by the regular use of the waters of that famed health resort combined with a systematic use of milk diet.

——"Pathological Dentition," by Dr. James S. White, is an illustrated article from the *Obstetrical Journal of Great Britain and Ireland*, indicating the complications to which dentition may give rise, the proper method of lancing the gums, etc.

BOOK NOTICES.

Physics of the Infectious Diseases. Comprehending a Discussion of Certain Physical Phenomena in Connection with the Acute Infectious Diseases. By C. A. Logan, A.M., M.D. Chicago, Jansen, McClurg & Co., 1878. 8vo, cloth, pp. 212. Price $1.50.

Dr. Logan was U. S. Minister to Chili for four years, and in the leisure of his South American residence, we presume, elaborated the theory which he has written this book to promulgate. To our mind it is a lamentable example of superficiality and presumption. We characterize it thus with regret, but that we do so with justice, will, we believe, be evident from the following brief argument.

Dr. Logan first depicts the physical aspects of the western coast of South America, laying especial stress on its earthquakes and volcanoes; he then sketches the sanitary history of the same region, and undertakes to explain the latter by the former, and on this explanation to erect a general theory of the etiology of zymotic disease.

To lay his foundation, he boldly dismisses the explanations of the phenomena of volcanoes and earthquakes which all leading geologists unite in receiving, and replaces it by an "electrical" one; he assumes for ozone a part in relation to disease for which he acknowledges there is no consensus of opinion; he seems to think that the invention of such meaningless terms as "vital gravitation," "volcanic pile," "earthquake lightning," adds something to knowledge; and a general desire to ignore well known principles of the relations of climate, soil and social life to the public health is shown, in order that he may supplant them by a recondite, metaphysical and crudely stated theory. The book will add nothing to the credit of the author, nor to physical or medical science. It is not by flippantly denying the results of long years of special labor in other branches of science, that the medical philosopher must begin his labor, if he expects it to merit praise.

Nervous Diseases; Their Description and Treatment. By Allan McLane Hamilton, M.D., etc. With Fifty-three Illustrations. Philadelphia, Henry C. Lea, 1878. 1 volume. 8vo, cloth. pp. 512.

The author of this work has been long known to the medical readers of this country as an able, practical writer on nervous disease, and he has done well to combine the fruits of his extended studies in a volume. After an introduction on the examination of the patient, and a description of the instruments used for the purpose, he proceeds to the diseases of the nervous system, commencing with those of the cerebral meninges, then of their contents, the cerebrum and cerebellum, proceeding thence to the spinal meninges, the cord, bulbar and cerebro-spinal diseases, and diseases of the peripheral nerves.

The portraiture of a disease is usually aided by a description of one or more typical cases, and marked physical peculiarities are often made the subjects of wood-cuts taken from photographs from nature. Much stress is laid on the microscopic investigation of pathological products, and the appearance and signification of such changes, so far as they and their bearings are ascertained, are entered into with all desirable fullness. A wide acquaintance with the recent literature of nervous disease is manifested throughout, and an attempt, and a successful one, is made, to do away with much of the obscurity and confusion arising from physiological themes which clouds several of the more popular recent works on the same subject.

THE

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The following premiums are offered to our subscribers as inducements for them to aid us in increasing our circulation:—

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IMPROVED EDUCATION OF PHARMACISTS.

The Board of Trustees of the College of Pharmacy, of Philadelphia, have decided upon a junior and senior course of study. The junior students will have to pass an examination in all the branches before they can enter the senior class, and the instruction given to the senior class will include a wider range of scientific subjects than it has been possible to give heretofore. This system will go into effect in October. This is as it should be, and we have no doubt will prove a successful move.

It is high time that the vocations of the pharmacist and the physician be recognized as two wholly and distinct careers. The doctor is yet, in many places, physician and apothecary in one, and the saddlebag system of dispensing medicine and advice has done the pioneer work in many a now thronged and prosperous locality. It was indispensable; it may be so yet, on the frontiers; but when not necessary, the custom should be discountenanced. Pharmacy is too complicated, too delicate, too difficult a science, to be made any longer an appendage to a medical education, or to be taught in any other than a superficial manner in medical schools. Pharmaceutists should be men highly trained and specially given to their delicate and responsible work; for more delicate or careful work than the compounding of prescriptions can hardly be named; the apothecaries bear the people's lives in their hands, and the subject is one of real consequence to every person.

The physicians of this country are called upon to encourage the separation of the two vocations, in their own interest. They cannot, indeed, do away with the "counter prescribing" of the apothecary. Accidents and cases of sudden illness are brought to him, and while the physician may be at once summoned, it is still necessary, at least it is desirable, that the apothecary should be able to take the place of the doctor for the time, and do the needful professional offices.

It has come to this, indeed, that the apothe-

cary has indirectly a large amount of practice. People drop in upon him for all kinds of medical advice, and in thousands of cases apothecaries have a degree of trust reposed in them which is not proper, unless the party is a man of exceptional intelligence and education. Nor is this the case only in villages and sparsely populated neighborhoods; in such sections the practice thrives, through the inability at all times of easily securing a physician; while in the cities it is almost equally common, through accidents, and through the poverty of many persons who cannot consult a doctor, and yet are too proud to apply to the dispensaries. From one reason or another, it is known that apothecaries have a great deal of "practice," and it is a state of things not easily to be remedied. Nevertheless, we believe that an amicable understanding on this vexed subject is possible, and can be effected in any given locality by arrangement between the leading persons interested.

Another frequent and just cause of complaint by the physicians is that druggists injure the community by selling harmful patent medicines. The pharmacists in England have themselves taken steps in this matter. At one of their recent conventions the importance was urged of fixing some legal limits to the wholesale poisoning of the public by patent medicines. It was proposed that, even if it be impossible altogether to suppress the reaction of dishonest quackery upon vulgar superstition, the venders of nostrums be compelled to divulge the composition of their wares, and prevented from publishing mischievous and mendacious advertisements concerning them. Among the examples cited, including sundry "hair restorers," which, in direct contradiction to their advertised pretensions, contain poisonous quantities of lead, the most glaring one is a largely certificated "Sure Cure for the Opium Habit," which is found, on analysis, to give two grains of morphine to the dose, recommended to be taken thrice a day.

It is scarcely to be expected that American apothecaries, most of whom derive a large part of their income from the sale of these secret nostrums, will join in this movement at once, but it would be well if the American public were taught that ninety-nine hundredths of the proprietary medicines which flood the market are the products of uneducated impostors, and are either wholly inert or positively deleterious. Some steps in this direction have already been taken by the National Pharmaceutical Association. With further elevation in the education of pharmacists, most of them will acknowledge the utility of such a movement.

Notes and Comments.

The Normal Inequality of Lower Limbs.

The editor of the "Proceedings" of the King's county Medical Society for June, remarks: Probably the first trial for malpraxis, that ever hinged on this fact in nature, transpired recently in Perry county, Pa. Suit had been brought because of a shortened femur, after treatment, of five-eighths of an inch. The defendant's witnesses testified that a want of symmetry in legs frequently existed where there had been neither fracture nor injury. The cause was non-suited without delay, and "the imperiled surgeon went free." Drs. Agnew and Hunt, of Philadelphia, testified that they had measured many limbs and had found them unequal, without previous fracture; the brother of the plaintiff, whom they chanced to measure, had a normal difference of three-eighths of an inch. This trial is destined to become widely known, and to materially influence the history of this class of suits for malpractice. The researches of Dr. Jarvis S. Wight, of Brooklyn, will be long remembered in this connection.

Warning Against the Hypodermic Use of Morphia.

Dr. Levinstein, of Berlin, says, in his late work on the "morphia mania," *morphiumsucht*, that it is generally caused by hypodermic injections of the drug, given by the medical attendant during illness, to relieve pain, and continued by the patients themselves after the actual need of it has disappeared, for the sake of the mental excitement it produces. The danger involved was not generally suspected during the first years of the use of the new

means of administration, but the existence of the Maison de Santé under the medical direction of the author, which is devoted to the cure of sufferers from this craving, shows how large its evil effects must already be. The sufferers feel quite well for a certain time while using the narcotic, but before long evident symptoms of disease appear. The patients become emaciated, the complexion ashy or dark red, the eyes lack lustre, and vision is often deranged; thirst, nausea, and loss of appetite, constipation, and the secretion of albumen by the kidneys, impotence, a form of delirium tremens different from that caused by alcoholic excesses, intermittent fever, and great derangement of the moral character, are among the morbid appearances produced.

An Early Symptom of Tabes Dorsalis.

Dr. Berger has a note in the *Centralblatt für Med. Wis.*, relating to an early symptom of tabes dorsalis, which is described as consisting in the disturbance of the perception of pain of such a kind that stimuli of slight intensity, as well as tactile impressions of a slightly painful kind, such as needle-pricks, are perceived normally; but that more severe and often very strong stimuli produce no greater pain. This analgesia in respect to excessive stimuli may be present before other symptoms of tabes appear, and is of semeiotic importance. This peculiarity, as a common rule, is especially perceived in the skin of the lower extremities, and may finally be observed on the whole cutaneous surface, and even on the mucous membrane. It appears to be a symptom depending on an initial lesion of the gray substance.

Deaths from Anæsthetics.

The English medical journals of recent date record a death each, from ether, methylene, and chloroform.

That from ether occurred at the London Hospital, in a patient about to be operated on for hernia. Ether was administered by one of the house-surgeons; the patient was readily brought under its influence. There were no untoward symptoms of any kind; the examination was proceeded with. The man breathed quietly and regularly for a few minutes, and then gave one sudden catching effort at inspiration, and died, in spite of every effort to save him. It is noteworthy that his pulse continued to beat for about thirty seconds after breathing had ceased. At the autopsy the heart was found firmly contracted. There was no strangulation, though the gut showed marked traces of having been tightly constricted.

In the death from methylene the victim was a retired officer of 40 years of age, in apparently perfect health. The death was perfectly sudden and inexplicable, and it shows that this anæsthetic is, like chloroform, a poison to some persons of a peculiar idiosyncrasy, and will cause death without any apparent physical reason.

Alcohol as a Mental Stimulant.

A writer in the *Lancet* says: The brain must be fed and nourished by special design. An adequate supply of oxygen is the preliminary requirement. Then comes the question of food: and, whatever else may feed the brain, workers with this organ should be assured that alcohol will not sustain it. Alcoholization and oxygenation are directly antagonistic processes; and even if alcohol be food for the brain, the organ cannot feed when the nutrient fluid circulating in its vessels is disabled from the task of conveying oxygen, which happens whenever spirit is present in more than very moderate proportions in the blood. The relief afforded by alcohol from the sense of depression produced by a lack of oxygen, is, therefore, illusory. It is procured by over-stimulating an organ which is both exhausted and impaired.

The Etiology of Membranous Dysmenorrhœa.

At a meeting of the Obstetrical Society of London, Dr. Cory recorded a case which strongly supported Dr. Hausmann's view that such are due to imperfect impregnation. The patient, previous to her marriage, at the age of thirty, had never passed any membrane. She aborted three times, between the second and third months, during the first two years of married life. Since then she had almost invariably passed, at her menstrual periods, membranes, which proved to be very perfect casts of the uterine cavity, and presenting all the naked-eye and microscopical appearances of its mucous lining. The membrane usually came away on the second day of menstruation, previous to which the dysmenorrhœa was acute. Later on she lived apart from her husband for nine months, during which time she had menstruated regularly without passing any membrane.

Correspondence.

The Doctrine of Malaria.

Ed. Med. and Surg. Reporter:—

In reviewing a communication from A. S. Stonebraker, M.D., of Waco, Texas, published in the Medical and Surgical Reporter, I find that his views differ widely from any previous writer upon the physiology of the nervous system, and are contrary to well established facts in medical philosophy.

He sets out in favor of the humoralistic teaching of Andral, and then, in the next place, denies the participation of the vascular system in the morbid process instituted by the action of malaria, and again endeavors to explain the modus operandi of the agent, upon the principle of nervous influence, rejecting all of those great truths in physiology in relation to the function of the nervous system.

I quote him; "The profession has, for ages, attributed all periodical fevers to the action of miasma, absorbed and taken up into the circulation; a theory I have not, from observation and experience, been able to endorse."

Compare the above with the following. He says; "I will submit as a fact demonstrable, that the blood is simply a vehicle, which conveys the morbific agent." Has no absorption taken place? Through what channel has the agent been able to reach the blood, to be conveyed throughout the system? Again, he says: "The morbific agent called malaria is conveyed through the circulation of the blood, to the nervous system, for which it has an elective affinity." This statement is in opposition to well authenticated facts. According to a multitude of experiments, by eminent physiologists and chemists, such as Vandeen, Stilling, Vallani, and others, no poison has been discovered in the circulation of those animals destroyed by its effects.

In the next place he speculates, at length, upon the probable origin of miasma, and his "morbific electrical fluid," which, after forming certain unknown combinations, acquires the wonderful capacity of penetrating the organism, (in what way he does not say) and exciting therein its deleterious effects.

He admits that the agent is brought in contact, and makes its impression upon the sentient extremities of nerves, but has never suspected that it was unnecessary for the poison to penetrate the organism, and enter the blood, in order to reach the extremities of nerves, and fails to pursue the course of this primary impression, until it produces its ultimate effects upon remote parts, but persists in locating his cause, "the electric fluid," in the substance of the nervous tissue, generally, and that it then becomes endowed with the remarkable property of growth and expansion, and discharging itself at stated periods.

Where do we find the "sentient extremities" of nerves more bountifully supplied than upon the skin, mucous membrane of the alimentary canal and lungs. Impressions made upon either surface produce those remarkable effects we witness when they are introduced in the novel way indicated by the doctor. Has he not long since observed the analogies between the effects of the local action of irritants upon the above surfaces, and those produced by the action of his "electrical fluid." Has he not observed the phenomena developed by intestinal worms, difficult dentition (convulsions), the pricking of a tendon (tetanus), or the inhalation of foul odors, or disgusting sights, in producing vomiting. When impressions are made upon sentient nerves no phenomena can possibly result, without the aid of motor nerves, and as the sensitive nerves cannot transmit a motor impulse, it follows that a circuit of reflex action must be established, through a nervous centre, which fact he seems to ignore altogether.

Morbific, as well as all other agents of positive virtues, make their impressions upon the sentient extremities of nerves, distributed to all parts of the body, wherever they may be applied, which impression is transmitted to a nervous centre, where a power is developed, known as the nervous power, and modified in accordance with the virtues of the agent which bring it into operation, and when reflected through motor nerves, upon remote organs, they alter the vital properties from their natural physiological state to the speedy development of disease.

On page 226 the Doctor virtually abandons his former propositions. He writes: "I am not sure that it is necessary for the miasma to be absorbed to produce its effects on the human economy, but it may operate by making its impression upon the sentient extremities of nerves." Appearing not to accept the fact that the impression must be transmitted to a nerve centre, and reflected through motor nerves, before muscles, subdued to volition, can be influenced thereby. The shock he speaks of takes place when certain agents operate, such as prussic acid, a blow upon the stomach, etc., but it is not upon the nervous system, but through that system upon voluntary muscles, that its force is spent. The law of reflex action substantiated by Brown-Séquard, Jackson, Phillips, Muller, does not seem to answer his purposes in explanation of the phenomena.

We now have the nervous system compared to an electric battery, but by what physiological process the physical effect is brought about, does not quite appear.

The extent of expansion of the "noxious electric fluid" upon the nervous system remains to be proven; and when he says that the primary impression is a "rigor and shrinkage of parts," he doubtless meant the primary effects of the morbific agent was rigor, shrinkage of parts, etc., for physical phenomena cannot be developed by impressions upon sensitive nerves alone, but the impression must be transmitted also through motor nerves, to the proper irritability, before motion can possibly take place.

In accounting for the periodical return of the phenomena of a paroxysm of an intermittent fever, he considers the nervous system a great receptacle, which becomes charged with a noxious fluid from extremities of the sensitive nerves, and then passes it off by the same channel, until the charge has been exhausted, and further states that if a "portion of the fluid remains," it becomes endowed with the remarkable faculty of growth and expansion, and soon assumes a volume as formidable as before, and is again discharged, producing the wonderful phenomenon of an ague only during its discharge.

As the doctor ignores the absorption theory, how will he account for the presence of his wonderful agent in the blood, and how does he propose to effect a cure by the negative electrical property of quinia when chemistry does not accord to it any such property. If it possesses that property, we must accord the same to all other agents which produce sensible effects upon the animal organism. For instance, the mental, emotion-like morbific agents are capable of producing disease; shall we ascribe to these causes the electric property? The operation of moral causes, as well as that of morbific and remedial agents in the production and cure of disease can be explained by no other philosophy than that I have already indicated; that is, that all morbific and remedial agents make their impressions upon the sensitive system of nerves, which impression is transmitted to the nervous centres, the brain or spinal cord, or both, and there developes and modifies the nervous power in such a manner as, when it is reflected upon remote organs, through motor nerves, it alters the organic properties of those organs in a manner peculiar to such operating cause or agent. No two can be said to produce exactly the same phenomenon. If malaria is in operation, a paroxysm of intermittent fever will be the result. If mental emotions, prussic acid, opium or ipecac be in operation separately, the effects produced will always conform to the special virtues of each. A blister or a seton need not be absorbed to produce those remarkable effects which we witness when they are applied to the surface.

Arkadelphia, Ark. T. J. Scott, M.D.

The Contract System and the American Medical Association.

Ed. Med. and Surg. Reporter:—

In the Reporter for May 18th, under the head of Queries and Replies, some one asks, "Is it a violation of the Code of Ethics for physicians to bid against each other for the pauper or poor practice, etc., and at the request of boards of supervisors?" You reply, "It is not a violation of the Code of Ethics, but it is a proceeding injurious to the good standing of the profession."

As the question seemed to come from this latitude, and to have a particular significance here, I was about to ask an explanation from you for your authority, when it occurred to me to look in the last volume of the "Transactions of the American Medical Association," for the Code, and the ordinance and explanation attached. I found that, by a resolution, said ordinance was dropped at the Chicago meeting last year. By reference to vol. xx, p. 41, you will find:

Whereas, The contract system is contrary to medical ethics,

Resolved, That all contract physicians, as well as those guilty of bidding for practice for less rates than those established by a majority of regular graduates of the same locality, be classed as irregular practitioners.

In the spring of 1874 the Clinton County Medical Society suspended two of its members for bidding and taking contracts of the supervisors, for doing the poor business of the county. The case was taken, in appeal, to the American Medical Association, at Detroit. It was referred to the Judicial Council, who affirmed the decision of the Clinton County Medical Society, and appended to the ordinance a preamble, making it still more forcible. At the meeting held last year, in Chicago, "Dr. N. S. Davis moved to strike out, as useless, the preamble and resolution on contract physicians." "The motion was unanimously adopted" (*Vide Trans.*, vol. xxiii, p. 46).

In order to ascertain the sense of the Judicial Council in regard to the question, formal charges were preferred against the Iowa State and Scott County Societies, for allowing their members to take contracts for doing the poor business. In the published proceedings of the Buffalo meeting it is reported, "that the charges were dismissed because the subject had been already adjudicated by the Council at their Detroit meeting in 1874." The question was sustained there; now the charges are dismissed because they were adjudicated as valid then. According to the decision of the Judicial Council, is it right or is it wrong to bid and take contracts for the poor business.

Yours, etc., P. J. Farnsworth, M. D.
Clinton, Iowa, June 17th, 1878.

Use of Carbolic Acid in the Treatment of Piles.

Ed. Med. and Surg. Reporter:—

Having noticed a discussion upon this subject, by Dr. J. M. Mathews, in a paper published in the Maryland *Medical Journal*, for June, 1878, among the "Selections," I send you a report of the case of Master Charles Duncan, son of Wm. A. Duncan, Esq., of Gettysburg, Pa. On the 19th of April, Charles presented himself at the office. Age twelve years; pulse normal; tongue clean; bowels costive; appetite fair; sleep somewhat disturbed; respiration normal; temperature 96; general health fair; occupation, student of general literature.

Extending from the anal extremity was a well-formed and highly-inflamed hemorrhoidal enlargement, the size of an acorn, painful to touch, and causing much mental uneasiness.

The enlargement was injected with six drops of a solution holding equal portions of carbolic acid (fluid) and Magendie's solution of morphia, by means of a hypodermic syringe. A cold poultice of bread and milk ordered locally, and to be renewed, night and morning, for three days. A wineglass of solution of citrate of magnesia directed, morning, noon and bedtime, until the bowels were softened. After five days there was no trace of hemorrhoidal tumors or treatment.

The injection causes some pain, but not excessive in character, and the result is entirely satisfactory. The *empirical course of treatment* (*and for which high fees are expected*) is to place the patient under the influence of chloroform or ether, inject the hemorrhoidal sac, and send the subject about his work. This plan practiced makes large returns, and much notoriety for traveling mountebanks.

J. W. C. O'Neal, M.D.

Gettysburg, Pa., June 18th, 1878.

News and Miscellany.

Non-Resident Physicians at Saratoga.

We have received the following:—

The Saratoga County Medical Society, at their annual session, held on the 4th ultimo, unanimously adopted the following preamble and resolutions:—

Whereas, There are certain members of the regular profession, now in good standing in the State Medical Society, as well as in county societies, who annually visit Saratoga Springs for the purpose of practicing medicine, and by questionable measures seek practice, to the detriment of local resident physicians, therefore, be it

Resolved, That we, as members of the County Medical Society of Saratoga, do condemn the practice above mentioned as contrary to the spirit of our code of ethics.

Resolved, That a copy of the foregoing preamble and resolutions be sent to the *Medical Record*, of New York, the *Medical Times*, and Medical and Surgical Reporter, of Philadelphia, and that a copy be sent to Dr. T. B. Reynolds, delegate to the American Medical Association, now in session at Buffalo, with the request that he will see that it is brought to the notice of the society above mentioned.

C. C. Bedell, M.D. *Secretary.*

Russian Killed and Wounded in the Late War.

According to the official returns, early in May, the number of Russian killed and wounded amounts to 89,304 officers and soldiers. The number of generals among these is ten killed and eleven wounded. One prince of the Imperial family, and thirty-four members of the higher Russian nobility died on the fields of battle. Among the wounded, 36,824 have quite recovered. The number of Russians killed and wounded has been very large in relation to the number of combatants engaged in battle, viz., a sixth part. In the great battles of the Franco-German war the proportion was very much the same. It was a sixth at the battles of Woerth and Spicheren, and one-eighth at those of Vionville and Mars-la-Tour. At Gravelotte it was only an eleventh, and at Wissenbourg a twelfth. The Russian returns show that among the wounded admitted into the hospitals, one in eleven died.

Home Hospitals.

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Items.

—Dr. Alexander D. Creamer, a young surgeon of great promise, and the son of Deputy Coroner Joseph Creamer, M. D., of Brooklyn, died recently, under peculiarly distressing circumstances. He was about 23 years old, and for two years prior to his death he was engaged to be married to a handsome and estimable young lady. When the Doctor realized that he was about to die, he expressed a wish to be united to his betrothed. It was half an hour after midnight when the marriage was solemnized, and less than four hours later the bridegroom was a corpse.

—Professor Virchow, of Berlin, believes he can furnish proof, from a Bulgarian skull, that the Bulgarians are not of Slav, but of Turkish origin. For this purpose Herr von Honika will shortly bring from Roumania fifteen skulls of Bulgarians who were killed by the Turks.

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—The Cincinnati *Commercial* is a radical reformer. It wants a law to compel each graduate of a medical college to make out a deed for his body before receiving a diploma. This will test the student's enthusiasm in the pursuit of medical science.

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WHOLE No. 1115.] JULY 13, 1878. [VOL. XXXIX, No. 2.

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CONTENTS:

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

PACKARD, JOHN H.—On some Points in the Mechanics of the Human Skeleton..... 23
GROSS, F. H.—Intra-capsular Fracture of the Neck of the Thigh Bone..... 26
REESE, B. P.—A Protest Against Meddlesome Midwifery..... 29
COHEN, J. SOLIS.—Destruction of an Exostosis in the Nasal Passage, by Means of the Burr of the Dental Engine..... 30

HOSPITAL REPORTS.

Pennsylvania Hospital—Clinic of Professor Da Costa.—Non-tubercular Hemorrhages from the Lungs—Elements of Diagnosis and Prognosis.. 31
Guy's Hospital, London—Cystotomy for the Relief of Chronic Cystitis..... 33

MEDICAL SOCIETIES.

Philadelphia Co. Medical Society.—The Structure of Bone; The Relation of Bone to General Nutrition—Myelogenous Leukæmia; Function of the Bony Skeleton; Dislocation of the Inferior Angle of the Scapula; A Novel Urinal; Fatty Tumor, Resembling Elephantiasis of the Scrotum..... 33

EDITORIAL DEPARTMENT.

PERISCOPE.

The Selection of the Operation for Stone..... 36
The Therapeutic Value of Mercury..... 37
Irreducible Hernia Rendered Reducible by Rest and Diet..... 37
Ergot in Hæmatemesis..... 38
Treatment of Wounds of the Hand..... 38
The Occasional Non-significance of Albuminuria..... 38

EDITORIAL.

PREMIUM LIST FOR 1878..... 39
THE EMPLOYMENT OF ALCOHOL IN HEALTH AND IN DISEASE..... 39

NOTES AND COMMENTS.

Therapeutical Notes:—Strychnia in Writer's Palsy; Nitrate of Silver in Neuralgia; Acne Rosacea; Indigo in the Diarrhœa of Children; Arnica in Boils..... 40
Emphysema as an Aid to Operation..... 41
Typhoid and Intermittent Fever in the Lower Animals..... 41
The Frequency of Orchitis from Mumps..... 41
Treatment of Glandular Engorgements..... 41
The Treatment of Subacute Laryngitis..... 41

CORRESPONDENCE

Accidents in Catheterization (Romig)..... 42
Carbolic Acid in Carbuncle (Chamberlain, Harley)..... 42
Case of Malarial Hæmaturia Successfully Treated on the Mercurial Plan (Grier)..... 43
Tincture of Arnica in Bee Stings (Divelbiss)..... 43

NEWS AND MISCELLANY.

Sanitary Protection..... 31
Professional Poisoners..... 43
The Egyptian Medical School..... 44
Mint Culture in New York..... 44
Bee Stinging as a Remedial Measure..... 44
Counterblast Against Opium Smoking..... 44
Obituary Notes..... 44

MARRIAGES AND DEATHS..... 44

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THE

MEDICAL AND SURGICAL REPORTER.

No. 1115.] PHILADELPHIA, JULY 13, 1878. [Vol. XXXIX.—No. 2.

Original Department.

Communications.

ON SOME POINTS IN THE MECHANICS OF THE HUMAN SKELETON.

BY JOHN H. PACKARD, M.D.,

Of Philadelphia.

Read before the Philadelphia County Medical Society, March 27th, 1878.

Mr. President and Gentlemen:—Within the narrow limits of an evening's discussion, it is not possible to take up the great subject of the mechanics of the skeleton with any hope of doing it justice. All that I now propose to do is to call attention to a few general considerations and special facts, some of which, at least so far as I know, have not been heretofore noticed.

We have to study, in the bones, their external form or shape, and their interior structure; the purely mechanical functions of the skeleton depending upon these points. For I believe that the office of bone itself is wholly mechanical; as distinct from that of the contained substance as from that of the tissues surrounding it.

This function may be said to be fivefold:—1. To sustain shock; 2. To endure strain (provided for mainly by the arrangement of the cancellous structure); 3. To afford a framework for muscular attachments, by which various functions of the body are performed; 4. To afford a system of levers by which the relations of the body to external objects are maintained or altered; 5. To protect soft organs.

What I have to say will refer mainly to the first, second, and fourth of the functions now mentioned.

1. To stand shock.

It is sometimes said that bone is elastic; and the clavicle is adduced as an example. If the clavicle is placed with one end against a wall, and the other end is smartly struck, the bone will rebound for some distance. But this is due, not to elasticity in the bony substance, but to the shape of the bone itself.

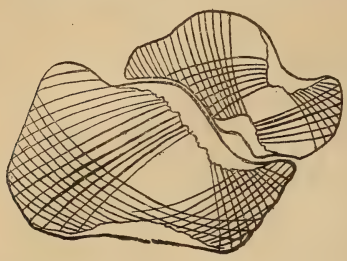
Generally—I believe, indeed, it may be said, universally—the arrangement of bony structures is clearly adapted to such a distribution and deadening of force sustained, as to obviate anything like shock. This is just the opposite to elasticity. Let any one try the experiment of jumping down from some very trifling height, say six inches, with the lower extremities perfectly rigid, alighting flat on the soles of the feet; and see how great the jarring of the whole system will be. As we ordinarily jump, we secure elasticity by the slight bending of the joints, regulated by muscular action.

In the ordinary act of walking, if the bony structure itself were elastic, the step would be irregular and jumping, instead of firm and steady; and this rebound would be greatly exaggerated in running.

There is a beautiful arrangement of the cancellous structure of the bones of the heel, which illustrates the general principle that all stress is sustained by the ends of the columns. In the diagram, drawn from an actual section, I have tried to represent this.

The calcaneum is seen, in vertical antero-posterior section, to show, above and below, a thickening of the bony wall, from which the

cancelli run in such a direction as to form a double set of arches. Those from the upper



wall run downward, the posterior ones terminating in the lower and posterior wall of the bone, the anterior ones running forward, so as to receive the thrust of the weight of the body in walking.

A very similar arrangement is seen in the section of the astragalus. Very little study will be needed to perceive how advantageous this is to the proper discharge of the functions of these bones. The whole weight of the body is received by the calcaneum, on the buttresses of the arch convex upward, and on the crown of the arch convex downward; it is transmitted by an almost exactly similar mechanism through the astragalus.

If now we go a step higher, and examine the lower end of the tibia, we find simply the cancelli abutting, by their ends, against the articular wall of the bone.

The astragalus and calcaneum have to sustain the weight of the body; they have to stand the constant strain of muscular action, and to take the forward thrust of the weight of the body in walking, resisted by the contact with the ground. It will be seen by the diagram how exactly these requirements are met.

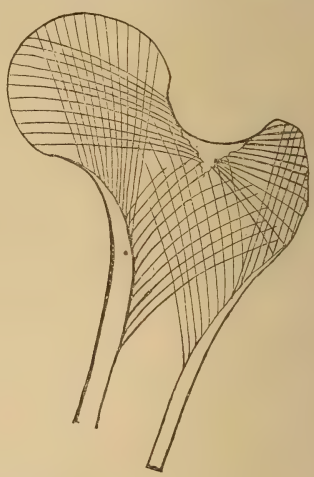
There is another aspect of this arrangement of the cancellous structure. The arches of the calcaneum, which are convex upward, constitute so many bent levers, upon which the muscles concerned in walking or running act to much greater advantage than they would upon the same amount of bony tissue arranged in straight lines, while the resisting power of the structure is vastly increased. Thus we have in this system a combination of the two first-named functions—the sustaining of shock and the bearing of strain.

And in the two bones, the astragalus and the calcaneum, we have a series of four sets of arches, opposed in pairs, so as to give to each bone the greatest possible amount of strength with the requisite bulk, the lower set of arches of the astragalus being placed by their centres against the centres of the upper set of arches of the calcaneum.

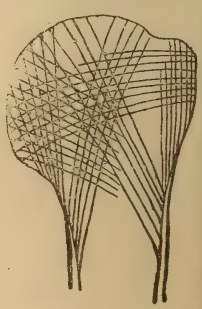
Still further, we have to note in each bone the formation, by the crossing of the lines of cancellous tissue, of lozenge-shaped interspaces; this giving the utmost amount of strength in every direction in which force can be applied.

The beautiful arrangement of the antero-posterior and transverse arches constituted by the bones of the foot as a whole, combining firmness with elasticity of tread, and rendering the foot adaptable to irregularities of the surface of the ground, has been often pointed out, and need not be dwelt upon here.

Annexed will be found a diagram, taken from an actual section, of the upper part of a femur, showing an arrangement of the can-



cellous structure, which has been repeatedly pointed out by various observers; and another of a similar section of the upper part of the humerus. What I want to call attention to here, is the marked analogy between the two. But there is something further. I exhibit a section of the humerus and glenoid portion of the scapula; and you will see that while the cancelli of the latter bone run uniformly to the solid wall constituting the floor, if it may be so called, of the glenoid cavity, so as to



give it an even support in every part, the cancelli of the head of the humerus are distributed so as to strengthen certain portions upon which stress will come in the various motions of the arm. It is the same provision as that in the corresponding portion of the femur, but the latter, owing partly to the size and coarseness of the bone, and partly to the simpler conditions to be met, is rather more readily made out.

Perhaps it is scarcely necessary to mention that the principles of construction which have now been discussed are the same as those which modern science has applied to the building of bridges, so that by the judicious distribution of material enormous weights are carried over frameworks which, to an unskilled eye, would seem utterly untrustworthy.

The same arrangement for resisting shock will be found to obtain in the small bones, as in the diagram taken from a section of the first phalanx of the great toe.

2. To endure strain. This function has already been alluded to in speaking of the astragalus and calcaneum, where the provisions against shock and strain are scarcely separable. In the case of the long bones it must be observed that the muscles connected with them act in lines, which may be said, in general terms, to be very closely parallel with those of the cancellous structure, so that, in spite of the small size of the bones as compared with the bulk of the muscular masses, the former are not subjected to undue strain. Some apparent exceptions to this rule exist, notably in the case of the clavicles and the ribs. But, in the first place, these bones are abundantly supplied with cancellous columns crossing their interior; and, in the second place, they are suspended, as it were, between two counterbalancing forces, so that there is really no chance of their giving way. Thus, in the case of the clavicle, the attachment of the trapezius and deltoid correspond accurately; and each rib is equally pulled upward and downward by the muscles above and below it. A very slender stick will sustain a considerable weight applied accurately in the line of its axis, or suspended so that the bearing takes place along its whole extent, while it would yield at once to a far slighter force applied in such a way as to bend it.

In connection with the two functions already considered with reference to the cancellous structure, and with the fourth, the affording of leverage, a few words may be said as to the shape of the bones.

The long bones are, for the most part, bent and twisted levers. A striking example of this is seen in the femur, which presents a marked angle between its neck and its shaft, and a curve of more or less decided character in each of those portions. It may readily be seen that the object of this bending is the increase of freedom of motion; but also that in thus gaining freedom there is a sacrifice of strength. Hence the bent portions are strengthened, as are also the curved, by a thickening of the bony wall along the entering angles of the former, as well as along the concavities of the latter.

So, also, in the very marked instance of a bent lever afforded by the lower jaw, where the anterior edge of the ramus, running up from the body of the bone to the coronoid process, is reinforced by a very firm thickening of the compact substance of the wall.

The twisting of the levers constituted by the long bones is, it need hardly be said, wholly for the purpose of changing the direction of the actions to be performed; so that we walk forward; we have the most important functions of the hands in front of us; etc. All sidewise or backward motions are more awkward and difficult than the forward ones. This twisting is, to a certain extent, a strengthening of the bones, or at least, does not weaken them.

Let me now speak of some further points in connection with the lower jaw. This bone consists, on either side, of a lever of the second order, the power being between the fulcrum and the weight. On looking at the origin of the temporal muscle, which is the main agent in closing the jaws (aided, of course, materially, by the masseter and pterygoids), it seems as if the posterior fibres, arising so far back, and running forward, would act at a great disadvantage. But we find that they turn downward over the root of the zygomatic process, which constitutes a pulley, and gives them a power of upward traction, at least as great as if they ran straight from their origin to their insertion.

In very young and very old persons, before the teeth have come and after they have dropped out, the shape of the jaw is, of course, different, partly from the mere absence of the teeth, partly from formative or degenerative changes in the bone. In adult life the angle between the rami and the body of the bone

approaches nearest to a right angle, and the power of mastication is greatest, as there is more solid food required and taken.

One may perhaps note here the very great amount of power provided for shutting the mouth, as compared with that for opening it. And yet a cynic might say that the former is comparatively very little exercised by most people.

Passing now to the scapula, I would point out the arrangement of the prismatic rib (Ward)* at the outer end of which the glenoid cavity is situated, and the deep hollow in which the subscapularis muscle lies, enabling this to balance perfectly the supra- and infra-spinati, and to contract without interfering with the subjacent serratus magnus.

A matter to which I would here call attention has not, so far as I know, been referred to by any writer. It is the gathering up of muscular action from a wide region, and concentrating it on a certain point. For instance, the trapezius, latissimus dorsi, pectoralis major and minor, and all the scapular muscles, may be made auxiliary to the biceps and brachialis anticus, so as to lend their whole force to the action of flexing the forearm upon the arm. And when to this force is added the muscular power of the lower extremity, exerted in pushing against a point of resistance, it will easily be seen what an accumulation of energy there is for the accomplishment of the act of pulling. Generally speaking, the origin of a muscle is wider than its insertion; force is gathered up and concentrated.

At the first glance it would seem as if the arrangement for the flexion of the forearm on the arm was very imperfect. The fulcrum being at the elbow-joint and the power very close to it, the leverage is apparently greatly against the action of the biceps and brachialis. But when the supplementary agency of the flexors and pronators of the forearm and hand is taken into the account, the resulting power and range of flexion is seen to be ample.

In conclusion, I would offer a suggestion in regard to the mechanics of walking.

The witty and learned Prof. O. W. Holmes, of Boston, in his well-known paper, "The Human Wheel, its Spokes and Felloes,"† regards the lower extremity of man as the spoke of a wheel, the hub of which is at the hip-joint, the felloe being represented by the foot. It seems to me that it would be more correct to regard the foot as the hub, the weight of the body resting on the end of the spoke. By an admirable arrangement, combining firmness with elasticity, the spokes are continually shifted, and revolve around a new bearing-point at each successive step. At the same time the pressure on the end of the spoke is perpetually varied, so as to maintain at the same time the perfect equipoise of the body, and enable the shifting to take place without jar or awkwardness. In this arrangement, the obliquity of the neck of the femur affords a very great advantage.

*Outlines of Human Osteology; a most admirable book.

†Published some years since in the *Atlantic Monthly*, and widely distributed by Dr. Palmer, the famous maker of artificial limbs.

INTRA-CAPSULAR FRACTURE OF THE NECK OF THE THIGH BONE.

BY F. H. GROSS, M.D.,

Of Philadelphia.

At a meeting of the Philadelphia County Medical Society, held March 27th, 1878, Dr. F. H. Gross, one of the surgeons to the German Hospital, presented a specimen of intra-capsular fracture of the neck of the thigh bone, and made the following remarks:—

The specimen of intra-capsular fracture of the neck of the left femur, which I have to show to the Society, was removed from the body of an old lady who died fifty-one days after sustaining the injury, in the seventy-eighth year of her age.

The case first came to my notice on the 6th of February, 1878, under the following circumstances, being five weeks after the occurrence of the accident. Her son called on me at the date named, with a view of having the patient admitted into the German Hospital. He gave a brief account of his mother's condition, and stated, that inasmuch as her medical attendant no longer entertained any hope of her recovery, he had sent the doctor a note, informing him that it was the family's intention to apply to a hospital for further aid, and that his services would, therefore, be no longer required.

For the early history of the injury I will here insert a note subsequently received from Dr. J. M. Barton, who informed me that he had seen the case twice, in its early stages, as consultant.

"PHILADELPHIA, February 26th, 1878.

"MY DEAR DOCTOR:—I first saw Mrs. B. on January 4th, 1878 (the day after her accident), in consultation with Dr. Theo. Gruel, of this city. She had caught her foot in some slight obstruction while crossing the yard, and had fallen. We found her in bed, complaining of pain in the left hip, increased by pressure and by the slightest motion of the limb, no shortening, very slight eversion of the foot; there was no ecchymosis, which confirmed the history of quite slight violence having produced the injury. These facts, taken in connection with the absence of evidences of dislocation and the advanced age of the patient, induced us to regard the case as one of intra-capsular fracture. We made no manipulations to confirm our diagnosis, fearing to rupture the slight points of attachment that remained. Temporary dressings and extension were used until the following day, when sand bags and extension by adhesive plaster were applied. On careful measurement we found that about half an inch shortening had occurred since the day previous.

"Yours,

"J. M. BARTON."

At the urgent request of her son I visited the patient, to satisfy myself whether she was in a suitable condition for removal to the hospital. I found her in bed, upon a straw mattress, in a very feeble condition and much emaciated. The lower extremities were œdematous, markedly so from the knees down. The fractured limb, with the toes everted, was shortened about an inch. It was movable at the hip, but the knee and ankle, and all the joints of the opposite limb were quite stiff; indeed, this immobility extended pretty much to all the joints of the body, so that any attempt to raise the patient into a sitting posture was unsuccessful, and caused her much pain. Her friends informed me that extension had been kept up for three weeks, and that after that time all surgical dressings and appliances had been discontinued. She was suffering from continuous incontinence of urine, and occasional involuntary discharge of fæces. These distressing complications, I was told, had set in during the second week after the accident. Under these circumstances the unwholesome condition of the bed and atmosphere of the room can be easily imagined, without further description. She was, as might be expected, badly bedridden. A large bedsore, with its edges deeply undermined by the sloughing process, had at several points penetrated to the sacrum, and some days later a small sequestrum of that bone was exfoliated.

In regard to her physical condition previous to the injury, I was informed that she had always been a well nourished person, and for one of her years, had enjoyed pretty good health, an occasional slight swelling of the feet having been the only thing complained of. The case seemed to present not a single favorable circumstance, and no matter what treatment might be instituted, no very hopeful prognosis could now be made, and in this I quite agreed with the expressed opinion of her former attendant. The friends of the patient, therefore, concluded not to send her to the hospital, but appealed to me for some advice as to how her wretched condition might be ameliorated at home. As their means for providing any comforts for the patient were very limited, I succeeded in prevailing upon the authorities of the hospital with which I am connected, to permit the loan of a reclining chair, which is well suited for the treatment of fractures of the neck of the thigh bone in old persons, and which had recently been used at the hospital with marked success, and great comfort to the patient. This chair can readily be thrown into a triple-inclined plane or straightened out into a couch, and is provided with air cushions throughout, and a bed pan. Professor William H. Pancoast some years ago called the attention of this Society to the admirable qualities of the reclining chair for the treatment of these fractures, especially in aged people, who bear confinement in bed so very badly.

On placing the patient upon the chair it was found that, from the long-continued horizontal position, her body had acquired a degree of stiffness equal to that which we find in rigor mortis, and could not be made at once to adapt itself to the inclined planes. It became necessary, therefore, to keep the chair for a time in the position of a straight couch. In the course of a week, however, her body was brought, by gradual efforts, into a semi-sitting posture, when the patient expressed herself as feeling decidedly more comfortable.

The local treatment of the bedsore now consisted of antiseptic washes and the application of a slightly stimulating ointment, composed of resin cerate and cosmolin. The sphacelated tissues soon became detached, and the ulcer

ceased to spread, and assumed a more healthy appearance. A few punctures with the lancet relieved the œdema of the legs and feet. The general treatment was made up of tonics and stimulants, such as compound tincture of Peruvian bark with phosphoric acid, brandy and a generous diet. Under the use of astringents and nux vomica the evacuation of the bowels became more under the control of the patient, but the incontinence of urine remained unabated and continued to be a serious annoyance. For a time the patient's condition seemed to improve, and some slight hopes of recovery began to be entertained. On the 22d of February, however, a rather sudden change set in; her vital powers rapidly sank, she refused to take either food or medicine, and died on the following day, the seventeenth after my first visit.

Permission to make a post-mortem examination of the injured joint having been obtained, I succeeded in securing the specimen before us, together with the upper portion of the opposite femur.

In examining first the head and neck of the uninjured bone, which I have sawn through longitudinally, and from which the fatty substance has been removed, it will be seen how light and frail this part of the thigh bone may become in advanced age. The meshes in the cancellated structure are very large, and the cancelli correspondingly thin and weak. It will be noticed, too, that the more compact osseous tissue of the cylinder is very thin, and in holding the specimens against the light, their translucency shows the bone to be weakest at a point within the capsular ligament where the fracture occurred.

On examining the fractured specimen, the head of the bone is seen to have descended below its normal height, and rests between the trochanters, the neck having almost entirely disappeared by absorption. The lesser trochanter, under such circumstances, prevents the further descent of the head, or I should rather say, that this bony process obstructs the further ascent of the trochanteric fragment. There has been no attempt at union of any kind, and the fragments are merely held together here and there by strips of periosteum and of the reflected capsule. On looking at the posterior side of the specimen, and lifting the head from its position, the line of fracture appears to have taken an oblique direction, starting from below and posteriorly, near the articular surface, and passing obliquely outward and forward, so as to leave the acetabular fragment a little longer in front and above than it is below and behind. But I believe the obliquity, as we now find it in the specimen, is due in some measure to the process of absorption having been more rapid on one side of this fragment than on the other; and this may readily happen from the unequal degree of pressure brought to bear on the two sides. And when we consider the action of the external rotator muscles upon the trochanteric fragment, drawing it backward, and inward toward the medial line of the body, and of the rectus femoris and other muscles that tend to shorten the limb, we can readily understand why the pressure upon the acetabular fragment should be greater below and behind than at the opposite points. Looking at the anterior side of the specimen, we find a narrow ridge of bone loosely attached to the outer fragment; it is small, and is all that remains of the neck on this side. Whether there was originally any comminution, or whether this piece of bone became loosened by absorption, might be speculated upon; but I am inclined to think, from the account we have of the patient's fall, and from the appearance of the specimen, that the fracture was not a comminuted one.

The practical lesson to be gained from this and similar cases, is to recognize the necessity of getting these aged patients out of bed and off their backs at as early a day as possible. Extension and other suitable appliances may be kept up in the horizontal position for several days, and in some cases with safety for weeks; but if a reclining chair, such as has been described, or something similar to it, can be obtained, it should be brought into use early enough to obviate the evil effects of confinement to bed, which, in many old people, are the main causes that operate against recovery.

Let me add a brief report of the other case alluded to above, which I have condensed from the clinical history furnished me by Dr. A. H. Mellersh, one of the resident physicians at the German Hospital. The case was not treated by me, but occurred during the terms of service of my colleagues, Drs. Franklin and Collins:—

Mrs. S. S., aged 83 years, widow, very stout, general health good, admitted July 9th, 1877 (being three days after her accident). While engaged in her household work, stumbled and fell upon the left side. She could not rise, and suffered great pain on the slightest motion. At

the hospital there was found to be about 1¼ inch shortening of the left leg, the foot was everted, and crepitus was thought to be discovered on thorough extension. The case was considered to be one of intra-capsular fracture. Extension was applied, after which the patient expressed herself as feeling much more comfortable. Owing to the weight and age of the patient, it was feared the treatment would be interfered with by bedsores, and in spite of the utmost precautions, they did make their appearance over the sacrum. The reclining chair was now provided, and upon its use the progress of the bedsores was at once checked, but they continued to give some trouble, and at times there was a good deal of pain over the sacrum. The use of the chair was commenced about a month after admission. The patient was discharged Dec. 15th, 1877, having remained in the hospital a little over five months. At the time of discharge, she was able to go about with the aid of crutches, and can now walk about her room without the help of crutch or cane. I visited this old lady some days ago, at her room, and was surprised to see how well she could walk about on the even floor, without any assistance. With the aid of both her hands on the banister, she can slowly ascend and descend the stairs.

A PROTEST AGAINST MEDDLESOME MIDWIFERY.

BY B. P. REESE, M.D.,
Of Staunton, Va.

There has been much written, of late, upon obstetrical practice, and particularly the kind of forceps which best meet the various indications. I have no doubt of the advantages some may have over others, but it is my candid opinion, based upon experience and observation, all are used unnecessarily often. There is no truer adage than that "meddlesome midwifery is a dangerous thing," and I think, unless we find something preternatural in a case of labor, we are not justifiable in using artificial means. We live in a fast age, and are not disposed to exercise patience and wait for the developments which nature will accomplish. To one who feels, in waiting upon a tedious case of labor, he has the means to give relief to the suffering patient or liberate himself, the temptation is certainly strong.

I have now been engaged in the practice of medicine about twenty-seven years, and I think I have had at least my average number of cases of labor, and even now feel a little nervous when called to visit a case, particularly if I feel any special interest in it.

After entering into the room of my patient and finding she is in actual labor, my first object is to ascertain what presentation, whether breech or vertex, and before withdrawing my hand I examine the dimensions of the pelvis, to see if there are any deformities—not if it is an $\frac{1}{8}$ this way, or a $\frac{1}{50}$ that way, or $\frac{1}{200}$ another way different from what is recognized as a natural pelvis, but whether there is room for a child to pass. If I find a vertex presentation, and a pretty good-sized pelvis (for I dislike a breech presentation, although I never had much difficulty with them), I feel as if a burden is removed.

I think it well enough to teach all the different positions and their minutiæ, the use of the forceps, the advantages and disadvantages of the different varieties, their proper mode of application, and familiarize the student what to do, and how to do, when it becomes necessary; but before any artificial means are used to facilitate labor, we should be well satisfied of their necessity. It is my experience that we learn much at college about diagnosing positions which we find, when brought into practice at the bedside of our patient, is impracticable. Even experts mistake breech presentations for vertex, then how much more liable are we to mistake in diagnosing between 1st, 2d, and 3d positions of the head. I am fully persuaded, from long experience, it is not so important as we are taught to believe, to discriminate between these different positions, for the safety of the patient, or the successful management of the case.

We are advised to always go to a case of labor fully equipped with all the armamentarium for instrumental delivery, which, to a country physician, would be very inconvenient, and to a town or city doctor unnecessary; for there is hardly a case that could be imagined requiring such urgency that he could not procure from his own office or some member of the profession what he might need, in time. Beside the influence upon the patient, to see a physician coming as he would to amputate a limb, with his frightful instruments, expecting it might become necessary to use them in her case, would not have much tendency to compose and

quiet a nervous female, already in a state of apprehension of the result. We would be almost persuaded, in reading their articles, that every second woman would have to be delivered by the forceps; whereas, there are physicians of long experience who do not own a pair, and have never applied them half a dozen times, yet whose record of success would compare favorably with those who have so much to say in laudation of their success in their use. The teaching upon the danger and complications of labor causes students, after graduating, to enter upon their professional life in a state of apprehension for the result in their first case, when, in fact, they will find their labor cases will be attended with less trouble and better success by non-interference than any other cases they are called to visit. It is well enough for them to be thoroughly drilled in what may become necessary, but let them know these complications are of rare occurrence.

Another objection to the use of instruments when not unmistakably and positively demanded, is the injury done the soft parts. I don't care how skillful an accoucheur may be, there is always danger of wounding these parts, and he may not discover at the time any wounds or injuries, yet cellulitis or peri-uterine cellulitis may arise, and leave his patient a miserable existence, from uterine troubles, from adhesions, engorgement, chronic metritis, or some one of the many kindred ailments.

It is wonderful to witness, after the birth of many children, the apparent deformities of the head caused by passing through the bony structures of the pelvis, moulding itself with perfect adaptation to the narrow channel through which it has to pass, and equally wonderful to see how readily and soon it assumes its natural shape and form, giving no marked evidence of sustained injury, thus clearly demonstrating the power and effort of nature to do what many seem to think can be better done by artificial means.

I have written with no attempt to advance a new theory, nor to bring into practical operation other than what is known by older members of the profession; but my object has been to put on a brake to the down-grade movement of the opinions and theories which seem to be making rapid strides toward substituting *artificial* for *natural* labor. Many of these theories are not from practical demonstrations, but gotten up by minds fertile with imaginary conceptions, to place upon the market their instruments. They are calculated to lead astray beginners in the responsible duties incumbent upon the profession.

DESTRUCTION OF AN EXOSTOSIS IN THE NASAL PASSAGE, BY MEANS OF THE BURR OF THE DENTAL ENGINE.

BY J. SOLIS COHEN, M.D.,

Physician to Jefferson Medical College Hospital, and to the German Hospital of Phila., etc.

Dr. —— consulted me, Jan. 19th, 1878, with reference to an osseous tumor in the right nasal fossa, of several years' standing; ostensibly and to the best of his knowledge the result of a blow received in boyhood, on the superior maxilla, with such force as to detach an incisor tooth. The tumor appeared to be developed from the palatine ridge of the superior maxilla, and to involve the vomer also. It gave the patient considerable annoyance, excited headache, had distorted the nose a little, and was painful to the touch; but it was hardly of sufficient size, considering its protracted development, to demand operative interference at the time. As the patient resided several thousand miles away, and feared that he would be too distant from efficient aid in case a necessity for removal should arise in the near future, I decided to operate upon him, and, at his own request, to use the burr of the dental engine to grind the tumor down, rather than to remove it with the gouge, a recent attempt at which had failed to do more than greatly increase his suffering for several days.

After discussing the subject in all its points with our mutual friend, Dr. W. W. Keen, of Philadelphia, and enlisting the services of Professor E. T. Darby (then of the Pennsylvania College of Dental Surgery) to manipulate the engine and burr, with which I had had no practice, I operated, February 14th, 1878, in the private operating room of Jefferson Medical College Hospital, as follows:—

The affected nostril was securely tamponed posteriorly, a wire being substituted for thread, as less liable to be cut through during the operation. The patient was then etherized and placed in the recumbent posture. The ala of the nostril was held upward and outward by means of a hook improvised from a hair-pin; an incision was made over the surface of the

exostosis, through the mucous membrane and periosteum, which were then peeled off to both sides in mass, by means of a blunt-edged elevator, such as is used to strip the hard palate in uranoplastic operations. The mass, being well exposed, was then gradually ground away by Professor Darby, with the burr of his engine, a gentle stream of water being continuously propelled upon the parts, to keep down the heat of friction, and to wash away the debris, so as to secure a clear field for operation. (The tampon fully protected the pharynx from blood and water.) This being done as effectually as was deemed practicable, I then scraped away, with a sort of hooked graver, some prominences left by the burr, after which Professor Darby carefully polished all the exposed surface of bone with a small corundum wheel. The action of the engine was eminently satisfactory, and all jarring of the parts was avoided by its use.

The operative procedure being over, the tampon was removed, the periosteum and mucous membrane replaced, the nostril occluded anteriorly with a cotton compress that had been steeped in carbolized oil (1 : 40) and the patient put to bed.

The wound did well, insignificant fragments only of the injured mucous membrane sloughing, and filling up by granulation in a few days.

My thanks are due to Dr. Keen and Professor Darby, for their admirable suggestions and assistance in this novel operation.

Without the engine it would have been impracticable to have gained access for the thorough removal or destruction of this tumor, with the usual surgical appliances, without having detached the nostril of the affected side, or, perhaps, having turned the soft parts of the nose up over the face, as in Rouge's (of Lausanne) operation for disease deep within the nasal fossa.

1431 *Walnut street, Philadelphia.*

Sanitary Protection.

A movement has begun in Scotland, to form a Sanitary Protective Association, under private direction. Its objects are, to insure that each house is properly trapped and drained, and that the water supply is pure. Periodical inspections will be made, in an inexpensive manner, under the direction of a board of professional and practical men, who will have no interest to recommend needless outlay.

Hospital Reports.

PENNSYLVANIA HOSPITAL.

CLINIC OF PROFESSOR DA COSTA,
FEBRUARY 23D, 1878.

Specially Reported by FRANK WOODBURY, M. D.

Non-Tubercular Hemorrhages from the Lungs. Elements of Diagnosis and Prognosis.

GENTLEMEN: The first case to which I will call your attention this morning is that of Bessie H——, single; a sewing woman. Her clinical history is somewhat uncertain. The notes speak of her as having suffered from cough at various periods, but particularly since leaving this hospital last August; for this is not her first admission, but it would appear that she has been here several times. In January last she was received into the ward with an attack of bronchitis, and more or less sore throat. The fact that a febrile disorder existed was proved by the temperature-chart, which registered, on admission, 101°, with a pulse of 120, and respirations forty-six to the minute. She was at once placed upon decided doses of quinia and diaphoretics, and the acute catarrhal condition of the throat and bronchial tubes gradually subsided. It was about this period that, one morning, the nurse, in great amazement, reported the fact, which she could not understand, that the patient, herself, had recorded a temperature of 109° in the axilla, a fact which we accepted with considerable doubt, and, the temperature afterward being carefully watched, it was not observed again. The heat of the surface has since continued very steadily about 99°, with not much variation between morning and evening. You, observe, however, that she is not completely restored to health. Her face is very pallid, and she has had repeated hemorrhages. There is no doubt of this, for it has been seen on several occasions; indeed, it is stated that at one time she spat nearly a pint of blood.

Now, gentlemen, here is a case where a cough, preceded by what we shall call, for convenience, an acute chest trouble, has been followed by repeated hemorrhages. You will say that, before trying to decide on the cause of these hemorrhages, we should make a careful examination of the chest, to determine the present condition of the lungs and heart. Before doing so, it is only necessary to add to our previous account, that this patient, from other considerations, has been decided to have very strongly developed the hysterical diathesis; and that her menstruation is generally imperfectly performed; it is not arrested, but irregular.

Now, in making an examination of the chest, I find clearness on percussion on the left side, but it is slightly impaired on the right; this is in front; posteriorly it is much the same. Upon auscultation, I find some prolongation of the expiratory murmur on the right side, anteriorly, and the same posteriorly, at the apex, but without râles anywhere. Whereas, on the left side the respiration is distinct and normal in character. This corresponds, I find, with the previous observations contained in the notes; in truth, in one of the notes it is mentioned that we heard also a few râles at this part of the lung. Therefore, the only signs of disease are proved to be confined to the upper part of the right lung, by repeated examinations; and it is but fair to state that these have been noticed to be present from the first time we saw the patient.

The case is of interest for diagnosis, and, indirectly, in the prognosis.

Before discussing the questions that come up for solution, however, we ought to supplement this record with the statement of the early history of the case, if this is procurable. She tells us that she had an attack of pneumonia one year ago, and has had a moderate amount of cough ever since; but on questioning her closely, I find that she had some cough even prior to the attack which she calls pneumonia, and had even lost flesh to a marked extent before it occurred.

Now, in the diagnosis and treatment of this case, it is extremely important for us to decide whether or not she has consumption. She has had a cough for a year, loss of flesh, with want of resonance and signs of consolidation at the apex of the right lung. Why hesitate? Why not state at once that this is a case of incipient tuberculosis? The hemorrhages, also, confirm this. It would seem as if all these considerations pointed unmistakably to such a view, and yet I have considerable doubt about it—the fact of her being tubercular—even in view of the repeated hemorrhages. I have seen several cases in the last four or five years that have opened my eyes to a variety of hemorrhage that I had not previously understood. It is a kind of pulmonary hemorrhage occurring in hysterical women, in whom slight signs of consolidation coexist with the bleeding from the lung.

I thought my own an isolated experience until a few days ago, in turning over the pages of a French journal, I saw some remarks on this subject, with the notes of several cases appended, in which there were no signs of tubercular disease. This is the point to which I wished to call your attention and to impress upon your memory. I say, then, that my doubt of a tubercular element in the case before us is based on previous experience. The slight amount of consolidation which we discovered will not forbid this view, because we often meet with a small amount of consolidation remaining after an acute lung difficulty, such as she suffered from on her first admission into this hospital. Such consolidation is not tubercular, but of inflammatory origin, and may be absorbed by proper treatment. Again, you will not be likely to find the evidence of tubercle so strictly confined to one side, in such a chronic affection, as it is in this patient. Tubercle generally invades both apices, although perhaps not to an equal degree. Are there no other points that will aid us in our diagnosis? Yes; I turn to the even temperature record, which has been almost normal since the first days after her coming into the hospital. I point to this, and to the fact that there is no expectoration, except at the time of bleeding. I also point to the actions of the woman—not to speak of the little freak of sending the temperature up to 109°, which would go to prove the truth of the view I take of this case. Whether this turns out to be correct or not, it will, at all events, have been instructive to have called your attention to the peculiar form of hemorrhage from the lungs.

You will say, will you long remain in doubt? Must this case remain an unsolved one for any length of time? I think not, but, on the other hand, even if we were unsatisfied with this examination, and were still in doubt whether tubercle existed or not, I will tell you how we may verify our views. For one thing, we may make an accurate physical examination, from time to time, and compare the results. The affected area now extends down to the lower border of the second rib; we have established this point carefully, by both auscultation and percussion. We know the exact amount of disease to-day. We will leave the case for some weeks without special examination, and will then compare the result; if the dullness be found to be passing away under the treatment, we shall know that the consolidation was simply pulmonic and temporary; but if it do not pass away, but we find the breathing getting harsher, and râles appearing further down, or in other parts of the lung structure, we will believe it to be tubercular. Again, if we find variations in the temperature, and especially, decided changes between the morning and evening, we shall incline still more to this view, and shall be certain that the tubercular process is progressing.

You may say that there is one point upon which I have not laid sufficient stress—the frequency of the bleedings from the lung. Her courses have not stopped, but they are irregular, and I have repeatedly seen cases of so-called vicarious menstruation, and have observed some peculiar relation between the obstruction in the courses and pulmonary hemorrhage, in cases like the one before us.

How shall we treat these cases? By chalybeate tonics and blisters to the upper part of the chest. She has been dry-cupped during the acute attack, with great benefit, and since then has been taking twenty drops of the muriate of iron, with quinia, as a tonic. She shall continue this, and, with good food and rest, I think we will find, in the course of a few weeks, a marked improvement, both in her local trouble and in her general condition.

GUY'S HOSPITAL, LONDON.

Reported for the MEDICAL AND SURGICAL REPORTER, by JOHN B. ROBERTS, M. D.

Cystotomy for the Relief of Chronic Cystitis.

UNDER THE CARE OF MR. LUCAS.

The patient, a man of 56 years, and of a healthy appearance, had been troubled with urinary difficulties for about fourteen years. He had, primarily, gonorrhœa and stricture, which were cured by properly directed treatment, consisting essentially of dilatation by bougies. For a long time, however, he had been passing thick urine, which was apparently, at first, due to mucus, but which was now owing to a very large amount of pus, as had been proved by the well-known tests employed for its detection. The specimen showed a deposit of about one-third of the whole bulk of the urine contained in the bottle. It was rather difficult to decide from what locality this pus came. It might have been from sinuses or a dilatation of the urethra situated just behind the old point of stricture; it might be from the prostate gland, or from the bladder, or even from the ureters, or the kidneys themselves. As the stricture had been dilated, and had been kept so for a long time, we may, perhaps, eliminate the first supposition; and the ureters and kidneys could hardly be diseased sufficiently to produce so much pus without there being a greater deterioration of the patient's health; though it must be remembered that, in cases of this kind, there may be, at times, considerable structural disease of the kidneys without œdema or general disturbance of health. The fact that the patient had occasional attacks of severe pain in the perineum, with subsequent increase in the amount of pus discharged in the urine, suggested the probability of the disease being located in the prostate gland, though the gland did not seem to be enlarged. At any rate, the disease was probably located either here or in the mucous membrane of the bladder. The man had employed all manner of remedies, such as buchu and pareira, without receiving any benefit; and had, moreover, washed out his bladder daily, with many solutions, for a period of years. Nothing had been of avail. His condition was very annoying, and he had consented to undergo any operation which might, perchance, be of benefit. The stricture was well dilated, and he passed water without difficulty; in fact, he had, at times, incontinence of urine. So nothing was to be looked for in that direction, and it was therefore decided to perform cystotomy, in order to give free drainage to the bladder, which being unable to empty itself entirely, allowed a certain amount of pus to remain, to keep up an irritating action. The operation was exactly that of lateral lithotomy, for it included incision into the bladder as well as into the urethra. The patient was placed in the lithotomy position, a staff introduced, and an incision about one and a half inches long made on the left side of the perineum, extending from the median line downward and outward. The finger was placed in the wound, to feel the groove, when the knife was inserted and thrust onward, through the prostate and neck of the bladder, as was proved by the sudden gush of urine. The structures divided are, as is readily understood, those concerned in lateral lithotomy. The inner aspect of the bladder was easily felt through this incision, which now allowed all fluids to drain away, and may thus be of service in restoring the natural condition of the vesical mucous membrane. No more was to be done, except to watch the patient lest hemorrhage occur, and await results. It may be readily understood that it is not desirable to have this wound close immediately, for that would defeat the object sought after by the operation.

MEDICAL SOCIETIES.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

At a conversational meeting, held at the hall of the College of Physicians, Philadelphia, March 27th, 1878, Dr. H. H. Smith presiding, a paper was read by Dr. John H. Packard, upon some of the Principles of the Mechanics of the Skeleton.

The Structure of Bone.

In opening the discussion, the chairman observed that the lines in the cancellous structure, so frequently alluded to in the lecturer's remarks, are seen, on transverse section, to be the sides of canals containing vessels and medulla concerned in nutrition, and are not simply lines of osseous matter, strengthening the bony structure. They are produced by an arrangement of cells in the primary cartilaginous substance, and transmit the blood-vessels (Canals of Deutsch).

He observed, secondly, that the lecturer had taken no account of the obliquely twisted arrangement of the fibres of the compact tissue of the bone, which so greatly contributes to its strength.

Thirdly, he was inclined to dispute the fact that the skeleton is merely for mechanical support. The medullary structure has been recently pointed out by Neuman and Bizzozero as one of the sources of blood supply, and as the origin of the red-blood corpuscles; therefore, of great importance in the nutrition of the entire body, being one of the sources of the supply of blood corpuscles to the general circulation.

The Relation of Bone to General Nutrition—Myelogenous Leukæmia.

Dr. William Pepper, in response to a request from the chair to state the recent medical observations upon the function of the medullary structure, said that the pathology of the osseous system was so far from the subject of the paper that he scarcely felt like introducing the topic,

as it would lead to prolonged discussion, but he would briefly answer the question proposed by the president. Special importance has been given, of late, to the medullary structure of bone. From the fact that cases of disease sometimes occur where great impairment of the general health, progressive emaciation, marked anæmia, and evidences of cachexia, are present, where we find nothing, after death, to account for this condition, beyond an alteration in the marrow of the bones, we are forced to the conclusion that this structure must be of great physiological importance, since its alteration by disease will produce such profound systemic disturbance, and even death. But owing to the hardness of the bone, and its obvious mechanical relations, this function was lost sight of, and the medullary structure was believed to be only concerned in the nourishment of the bone itself. Of late, however, a series of clinical observations have been made, which have thrown some light on this question. Cases of leukæmia were observed, which had all the ordinary clinical appearances of the disease, but which exhibited, after death, lesions neither of the spleen nor lymphatics, but, on the other hand, gave evidence of alteration in the marrow of the bones, so that finally a true medullary variety of leukæmia has come to be recognized. Other cases occur, where all the symptoms are present except the increase in the white blood cells, constituting what is known as pseudo-leukæmia, of which there is also a medullary form.

In progressive pernicious anæmia also, or anæmatosis as it has been called, we have another cachexia, when the well-known symptoms of pseudo-leukæmia are present. Here, again, no lesion competent to account for the grave symptoms was discovered, until recent observations established the fact that, in at least a fair proportion of such cases, marked alterations of the medulla of the bones occur. It seems, therefore, that this interesting form of anæmatosis (defective elaboration of the crasis of the blood) is essentially a medullary pseudo-leukæmia, at least, in some instances.

It would seem, also, as if these extremely grave and even fatal affections, thus briefly referred to, were only the most marked of the series of disorders that may be produced by disease of this part of the osseous system. It is quite probable, in many cases of cachexia, or less marked departures from health, where no ordinary lesion can be found, but where the impairment of health is very evident, that the cause may reside in some disturbance of the medulla of the bones.

Function of the Bony Skeleton.

Dr. John H. Packard did not doubt the fact mentioned by the chairman, that the minute blood vessels follow the course of these fibres; this, however, would not invalidate the truth of the observation that their peculiar arrangement had, for its primary object, the strengthening of the bony structure. There are many instances which could be quoted to show that most of the tissues of the body have primary and secondary functions.

In reference to the construction of the solid substance of the bone, he had intended to elucidate this more fully in his paper; but in general terms it might be said that the arrangement of the fibres carries out the same principles of support that he had been considering in the cancellous tissue. This is well shown in a section of the shaft of the femur, which is perhaps the best illustration that could be found in the whole body.

As to the other functions of bone, its relation to nutrition and disease, they were purposely omitted in the paper, which was restricted to purely mechanical relations. That such other offices are performed by the bones is unquestionable, but it should always be borne in mind that the leading function is support, and to enable the body to move about; at the same time it could be readily understood that such nutritive relation might exist, and that it would be an extremely wise provision of nature for this purpose.

Dr. Benjamin Lee inquired whether any connection had been observed to exist between the direction of the fibres in the bone and the lines of fracture? In his opinion, the solution of this question would seem to be very important in deciding whether they are for the purpose of support, or only for the transmission of vessels.

Dr. Packard had purposely omitted reference to fractures, but assured Dr. Lee, in general terms, that the structure of the bone does affect the line of fracture.

In examining the surface of a transverse section of a vertebra, we see these lines running across the bone, and at right angles to each other. This would not be the case, were they intended merely for the support of blood-vessels. It is very important that the purely mechanical support is maintained; and it is well known that whenever there is disease of the vertebral bodies, the neighboring bones sink down. If the healthy vertebra were hollowed out so as to make a tube, he doubted if it would be as strong, and believed that a cube of the cancellous structure would support a considerable pressure. He could not see the meaning of the peculiar arrangement of fibres in this structure, if it were not intended to supplement and strengthen the denser bony substance.

The President remarked that these bony trabeculi or lines, being very delicate, are incapable, in this form, of greatly adding to the strength, while as hollow tubes they would afford considerable resistance, and, in point of fact, would support a heavier pressure in this shape, on the principle that a hollow tube is as strong and lighter than a solid one.

Dr. Guitéras said that the interesting specializations of structure pointed out by the lecturer might be viewed in a different manner. The lecturer has called them provisions of nature to

meet certain demands; but how much more in accord with scientific study it would be to try and find some relation of cause and effect between function and structure. I think this can be done to a certain extent; and no matter how little we gain in that direction, the step is of great importance. I can trace out in the development of the skeleton certain modifications of structure which are clearly dependent upon previous changes of function. Take, for instance, these very epiphyses, where a great many of the interesting mechanical arrangements studied by the author of the paper are found. In the lower extremity, the epiphyses of the femur and tibia, at the knee-joint, are the first to appear; the polar epiphyses of the limb appear later, but they are the first to become united with the shaft. This, I believe, is due to a marked change in the functional activity of these joints. The forced flexion of the knee in utero, and the early mode of progression by creeping on the knees, make these the points of greater functional activity; but so soon as the erect posture is assumed the knee is in a state of comparative rest, and the polar epiphyses are made more active, hence more rapid growth and earlier union to the shaft of the latter. In the upper extremity the first epiphyses to appear are those at the shoulder and wrist. If you study how the child uses his arm, you will see the reason of this. The lever is too short and he does not break it into two; he moves the arm mainly from the shoulder; the wrist he brings against the ground in creeping; the elbow is comparatively at rest; hence the late appearance of its epiphyses. Later in life most of the movements of the arm are made from the elbow, thus bringing about the earlier union of the epiphyses to the shaft. In this manner that law is carried out; that always the first epiphysis to appear is the last to unite with the shaft. There is only one exception to this law, and it confirms the theory I am maintaining; it is the fibula. In this bone the first epiphysis to appear is the distal one, and it is also the first to unite with the shaft. If we remember that the upper end of the fibula does not enter into the formation of the knee-joint, and look at the importance of the lower end, we must at once admit that, whether creeping or standing, the seat of greatest functional activity is always the lower end of the bone.

It seems to me that this influence of function upon the development of the skeleton can be found in every bone, but I shall only mention the very striking example of the bodies of the vertebræ. The first of these to ossify are those about the middle of the column, those occupying the central position of the arch formed by the vertebræ in the fœtal ellipse. It is only later in life, when the erect posture is assumed, that the lower vertebræ take the ascendency, and the last lumbar and first sacral become the largest, because they are the seat of greatest functional activity.

It is a well-known fact that the nutritious arteries of the long bones are always directed in a definite way. It is very probable, from some rather hasty observations that I have made, that the nutritious artery of the femur changes its direction with the changes I have described above. In the fœtal femurs I have examined it was directed downward instead of upward, as it is in the adult.

Dr. Packard said that he must take exception to some of the remarks just made, and with others he could not agree at all. In the first place, in reference to the clavicle owing its peculiar shape to the action of muscles. He was unable to see how a bone almost evenly balanced between two strong muscles which counteract each other could be greatly altered in shape, even if the truth of the principle were acknowledged. In the skeleton exhibited, which is of large frame, and was, undoubtedly, of corresponding muscular development, this bone is seen to be unusually straight. But he totally refused such an explanation. The direction of the muscles, as a rule, is in a direct line with the fibres of the bone. The muscular tissue of the serratus magnus muscle is seen to be almost in a line with the ribs, while in the case of the intercostal muscles the bones support the muscles in place, and certainly do not owe their shape to these attachments.

The term provision of nature, which Dr. Guitéras has objected to, can only be avoided by substituting other expressions conveying exactly the same idea. When we notice that a part performing a certain function has a structure which previously fits it for that duty, we can say that it was designed or intended for that function. When we see that under certain circumstances a certain result follows, it is evident that it takes place not as the result of accident, but of law, and the action of that law is what I mean by a provision of nature.

Dislocation of the Inferior Angle of the Scapula.

Dr. Chas. K. Mills, in connection with the action of muscles on bones, inquired of the lecturer what muscles were at fault in a case in which, on lifting the arm directly out from the body to a level with the shoulder, the inferior angle of the scapula rotated backward and toward the median line, making a large hollow under its lower extremity. He had thought that the serratus magnus might have been affected.

Dr. Packard thought that it might be produced by separation of the attachment of the latissimus dorsi, from the angle of the scapula, but it would also seem as if there must be paralysis of some other muscles in that region.

Dr. Henry H. Smith replied that if the trapezius and levator anguli-scapulæ were active, and the latissimus dorsi displaced from the lower end of the scapula, this deformity would be produced.

Dr. Allis thought that in Cruveilhier's anatomy it is declared that the rhomboid muscle has part of its insertion in the serratus magnus, and a separation of this attachment might explain Dr. Mills' case.

A Novel Urinal.

Dr. Packard said that he could mention a practical point that might be valuable to the members of the society, as it had been to him. He had attended a lady suffering with a large abscess, where the use of the bed pan for micturition was impossible, and catheterism annoying, when the patient herself suggested the following expedient. She had a large coarse sponge enclosed in an oiled silk bag, and applied to the parts; it absorbed the urine perfectly, kept the bed dry, and contributed greatly to the comfort of the patient. He had since used the plan in other cases, with much satisfaction.

Fatty Tumor, Resembling Elephantiasis of the Scrotum.

Dr. Woodbury exhibited a large tumor, overlying the pubis and involving the scrotum, the penis being nearly buried in the growth, and the testicles partially atrophied by pressure. Specimen taken from a patient at the German Hospital, who died of pulmonary tuberculosis.

REPORT OF COMMITTEE ON MICROSCOPY.

The Committee on Microscopy report that the tumor presented before this Society by Dr. Frank Woodbury has been examined. After hardening, thin sections were made, stained with carmine, and submitted to microscopic examination; they revealed nothing beyond healthy adipose tissue; in other words, the normal structure of the part from which the tumor was removed, viz., the mons veneris.

CHARLES B. NANCREDE, *Chairman.*

EDITORIAL DEPARTMENT.

PERISCOPE.

The Selection of the Operation for Stone.

Not long since, Mr. Teevan read a paper on this subject, before the Medical Society of London. He stated that the following conditions presented themselves for consideration in determining whether a stone ought to be crushed or cut out:—

1. Sex. Neither operation was barred by sex. Lithotrity was specially indicated in females, for in them the urethra was short, straight, and capacious. 2. Up to puberty crushing was not eligible, excepting for the disposal of a little stone which could be got rid of at one sitting. 3. Size of stone. It was quite impossible to say with mathematical accuracy what was the size of the largest stone which could be crushed with safety. Broadly speaking, all stones under one inch and a quarter could be safely got rid of by lithotrity. 4. Multiple calculi might be regarded, if small, as fragments of a crushed stone. 5. The local and constitutional conditions associated with an oxalate of lime calculus were more favorable for the successful performance of crushing than were those occurring with phosphatic stones. 6. The patient's general health. So long as there was a fair chance of recovery, or even of giving patients a few months of comfort, it would be cruel to refuse to operate. 7. Renal disease was no bar to crushing, for no one had as yet been able to show what was the maximum amount of disease compatible with recovery after operation. 9. The sacculated or contracted bladder precluded crushing. In atony of the bladder crushing could be performed, as the fragments could be got rid of by washing out the organ. 10. An enlarged prostrate did not exclude crushing, provided it did not interfere with the explorations of the lithotrite. 11. Stricture of the urethra was remediable, and did not bar the crushing operation. 12. Idiosyncrasy. A very few patients suffered from rigors and urethral fever every time an instrument was passed. They ought to be cut, unless the stone were so small that it could be removed in a couple of sittings by lithotrity. A patient having a stone within the range of lithotrity, and being the subject of stricture and atony of the bladder, ought to be subjected to lithotrity at one sitting, and have the fragments immediately removed through the incision of external urethrotomy. The same might be said of a patient suffering from an enlarged prostate and stricture, or atony. If a cutting operation were required, which kind of lithotomy was most eligible? In boys lateral lithotomy was specially indicated. In them median lithotomy is not justifiable, because in that operation the prostatic urethra is torn in its floor, and the lad rendered sterile when he grows up. In adult males a cutting operation was required for the removal of large stones. Lateral lithotomy did not afford sufficient room for the removal of such calculi; the rectum was cut through or torn, and there was always the risk of dangerous hemorrhage from the arteries, which were cut in their trunks rather than their terminal branches. Lateral lithotomy sufficed for the removal of calculi up to one inch in diameter, but for larger ones the prerectal operation was the best, as it was equal, in the space it afforded, to two lateral lithotomies put together. It combined the maximum advantage with the minimum disadvantage. For the very old or debilitated, recto-vesical lithotomy was indicated, as in that operation the stone could be removed with the

minimum amount of cutting. Median lithotomy was only eligible for those cases of crushing in which a cutting operation was required for the immediate removal of the fragments.

The Therapeutic Value of Mercury.

In an article on this subject, in the *Practitioner*, Dr. J. C. Thorowgood writes:—

There is abundant evidence of the power of mercury to dissolve and disintegrate recent exudations of low vitality, and by accomplishing this object most damaging structural change in organs may be averted.

To persons whose tissues naturally are poorly nourished and of low vitality, mercury, if given, must be carefully watched as to the effect it produces. A strumous habit does not forbid the employment of mercury, unless the patient be of very weak, ill-nourished constitution.

The curative powers of mercury are best displayed in persons of robust habit, not advanced in years, and who chance to be attacked with an exudative or congestive inflammation, attended with fever, loaded urine and obstinately persistent against ordinary remedies.

Alkalies, as a rule, accord better with all forms of mercury than do acids; and, always before giving a person any form of mercury, heed should be paid to anything said as to idiosyncrasy against the remedy, neglect on this point having led to singular but unfortunate results.

An example of its value is in cases of persistent chronic bronchitis; with inflammatory condition of smaller air tubes, the connective tissue around the blood-vessels increases, while the air-cells themselves atrophy and waste away; or these cells may become filled with swollen pigmented epithelium, as in brown induration of the lung. Either condition is one by which the lung function is most seriously and irreparably damaged; hence the great importance of seeking to prevent the continuance of a troublesome bronchitis, and procuring the speedy absorption of whatever kind of exudation may have already taken place from the congested vessels. It is for the promotion of this end that I claim for the preparations of mercury a place that cannot be supplied by any other medicine.

A review of the cases recorded leads me to select as likely to be benefited by a course of pil. hydrargyri those where there appear as prominent symptoms a severe cough, coming on especially at night, feverish tendency, with loaded urine, shortness of breath, some lividity of lips, and perhaps some impairment of resonance at the bases of the lungs, indicative of congestion; expectoration usually scanty and difficult to raise. The patients are rarely advanced in life, and I find that in the chronic bronchitis of old persons, with atrophous emphysema of the lungs and wasted, thin-walled air-cells, mercury is prejudicial rather than good. The time for its employment has passed.

In cases of bronchitis complicated with a true tubercular softening of the lung, and much purulent expectoration, or in any case complicated with persistent albuminuria, mercurial remedies are more likely to do harm than good.

In catarrhal bronchitis tending to pneumonia, with blocking up of air-cells and consolidation of lung, I believe we may employ mercury without fear. Not long since I attended the two children of a professional friend, both of whom had rather severe bronchitis, and in the elder the temperature ran to 105° while dullness at the bases, chiefly right, with crepitation and bronchial breathing, made us believe a pneumonia had developed. Frictions with oleate of mercury very speedily dispersed this dullness, and the child recovered with much more rapidity than I had predicted or expected.

Irreducible Hernia Rendered Reducible by Rest and Diet.

The following case, under the care of Mr. Maunder, is given in the *Lancet*:—

J. H——, aged thirty-five, a tram-car conductor, was admitted on May 18th, 1877, with a scrotal hernia on the right side. There was impulse on coughing. Five years ago he ruptured himself in applying the brake of a car. The hernia was reduced, and a truss was worn. The bowel came down once between that occasion and this, but was properly reduced.

Immediately after admission the patient was placed under the influence of an anæsthetic, and taxis was employed in vain. When Mr. Maunder saw the case he advised rest in bed, with the thighs flexed and comfortably supported on a pillow; a crutch pad to support the scrotum with its contents, in order to favor the return of blood by the omental veins; and the application of an ice-bag. The *rationale* of the treatment was explained to the patient. He was enjoined to eat and drink as little as he could possibly do with, so as to reduce himself, and promote absorption of the fat of the body generally, but especially that contained in the protruded omentum. A saline aperient was also given often.

In about ten days the tumor began to diminish in size, and was pushed up higher into the canal by a repetition of taxis, the intestine being now reduced. On June 12th the patient was again submitted to taxis, with partial success. He was getting tired of bed and of the treatment, but was encouraged to submit a little longer. On July 10th reduction was again tried, with success, and a truss was ordered.

In some remarks on this case, Mr. Maunder laid stress on the importance of trying all reasonable means to reduce a hernia, and said that he had learned this particular plan from a former surgeon to Guy's Hospital. He had lately had an equally successful case in private practice, but at the expenditure of much less time. Unfortunately the process was often a slow one, and patients frequently tired of the restriction placed on their diet.

Ergot in Hæmatemesis.

Dr. Arthur G. Hobbs, of Arthur, Ind., reports to the *Medical Brief* his treatment of three cases of hæmatemesis with ergot. He says:—

In two of the cases referred to, the hæmatemesis was distinctly referable to malarial toxæmia; the cause of the other was not so plain. However, this case, which was in a male, had not become so chronic.

Fluid extract of ergot, in drachm doses, every hour, till three drachms were given, relieved the vomiting. It occurred but once. The same treatment repeated checked all symptoms.

In the other two cases, both males, this treatment relieved the attack; but they continued to recur at brief intervals, always temporarily relieved by the ergot.

Fortunately both cases were under my care at the same time. I determined to try a favorite prescription of Dr. B. H. Hobbs (my father) for malarial toxæmia, which is as follows:—

℞. Quiniæ sul.,		
Cinchon. sul.,		
Ferri redacti,	āā	ʒss
Ex. nuc. vom.,		gr.xij
Acid. arsen.,		gr.iss
Ex. hyosc.,		gr.xv.

Ft. pil., No. xxx.
Sig.—One night and morning.

I gave this tonic and alterative together, with one co. cath. pill imp., every alternate night, and am happy to say that neither of my patients have had a recurrence of the blood vomiting. They were treated during the month of August. As Dr. Rogers requests it, I cheerfully give him my mite of successful experience with hæmatemesis.

Treatment of Wounds of the Hand.

Professor Verneuil, on the occasion of operating on a patient who had been admitted three months before for a crushed hand, repeated to his class an emphatic injunction which he has often delivered before. Whenever, he said, you have to treat any kind of crushed wound of the hand, take it as an absolute rule to excise nothing and to regularize nothing by means of the bistoury. In these cases the surgeon should only seek to prevent and to combat the primary accidents, leaving to Nature the care of saving all she can save. She will preserve more than the surgeon could, and will always diminish the mischief. One can hardly conceive the extent to which lacerated tissues, seemingly condemned on the first day, will resume their vitality and undergo reparation. Let Nature alone, then, and wait. At a later period, after weeks or even months, when cicatrization has taken place, then only can the surgeon interfere and regularize the wound so as to render the use of his limb more easy to the patient. After describing the procedures he would have to take in order to regularize the cicatrized wound in this case, Professor Verneuil observed, that had he been tempted to interfere on the first day, some months since, he should have removed parts which can now be made useful, while the patient has passed through the intervening time favorably, by the aid first of simple and then of antiseptic dressings. He contrasted the progress of this case with that of another in which, before sending the patient to the hospital, his surgeon performed some partial amputations, which were followed by phlegmon of the forearm, arthritis, and suppuration of the carpus, etc. The case demonstrates the immense difference there exists between operations performed on the hand during the acute period of the accident, and operations executed later, during a condition of absolute quietude of the region. Such cases are met with daily, and the practitioner ought to have a very clear opinion and pursue a practice rigorously determined upon, never employing the bistoury in a recent wound of the hand, and never regularizing the wound until two or three months after the accident.

The Occasional Non-Significance of Albuminuria.

A writer in the *Lancet* observes that the presence of albumen in the urine, even in very minute quantities, is usually taken as conclusive evidence of such a condition of systemic derangement as deserves to be regarded as disease. Professor Leube, of Erlangen, considering the fact that a trace of albumen is occasionally present in the urine of patients who present no other evidence of renal disease, examined the urine of a large number of men presumably in good health, soldiers on regular duty, in order to ascertain whether albumen could ever be detected in the urine of those who presented no other morbid symptoms. He examined the morning urine of 119 soldiers, and found a trace of albumen in that of five, in one a distinct quantity, in the others merely a faint, just recognizable, trace. In each case the mid-day urine also contained albumen, and in three the amount was larger than in the morning urine. So far the results are not surprising, since they would seem explicable on the theory that these soldiers were suffering from incipient renal disease, which, as is well known, may be unattended by any indication of deranged health. But it was found that albumen was present in fourteen soldiers out of 119 whose morning urine had been free from albumen. In all these instances the soldiers had undertaken arduous duty, marches or battalion drill, during the forenoon, but no food or drink had been taken during the exercise. No casts or blood were found in the deposit from the urine. The albumen soon disappeared with rest. This fact seems to show that in apparently healthy men exertion may induce slight albuminuria. This opinion was supported by an instance in which the urine of a soldier was for two days free from even a trace of albumen, but on the third, after a fatiguing march, showed obvious quantities of it.

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THE EMPLOYMENT OF ALCOHOL IN HEALTH AND IN DISEASE.

Renewed and very serious attention has been of late paid, by the medical men of Great Britain and Ireland, to the subject of the use and abuse of intoxicants. Though the vice of drunkenness is bad enough in this country, it is worse in those islands. The annual cost of the alcoholic liquors consumed amounts to the enormous sum of *seven hundred and thirty million dollars;* the number of inmates of workhouses who have been brought there by this indulgence is estimated at five-sevenths of the whole; and of the disease, suffering, immorality and deaths indirectly traceable to the same cause only approximate, yet most startling, estimates have been made.

The President of the Ulster County Medical Society, Ireland, in contemplating this enormous expenditure, exclaims:—

"This sum is enough, in little over five years, to pay off the national debt; enough, if spent in supplying food, clothing, domestic requirements, and otherwise beneficially, to develop good trade, the physical, mental and moral well-being of the people, national greatness and general prosperity—an average of £23 a year for each family! of nearly £5 for each man, woman and child! And what do the people get in exchange for all this expenditure? Misery, misfortune, disease, crime!"

After a very full discussion, the Society of which he is President declared their opinion that alcoholic stimulants are not only unnecessary in health, but are generally hurtful, and therefore, should be discountenanced by medical men.

That apostle of total abstinence, Dr. B. W. RICHARDSON, of London, has been urging the same general facts, by a series of scientific demonstrations and lectures. He does not, however, condemn its use in disease, though he assigns it no prominent place in the materia medica. It does reduce the animal temperature in fever, but the after effects are often most un-

pleasant and dangerous. The skillful exhibition of alcohol in certain cases of nervous disease is productive of benefit. It is alleged to be a useful antiseptic, and it has been said to be a conservative remedy, partially doing away with the need of food.

He maintains, however, that we must accept the evidence of the value of alcohol in regard to its sustaining power *sub judice*, and when we come to practical concerns, where there can be no doubt whatever, we must be even more reserved. In the treatment of starvation in cases of stricture of the œsophagus, the very types of cases of the kind under consideration, no more injurious practice can be applied than the administration of alcohol by any means. In such instances alcohol excites the heart, produces febrile disturbance, interferes with the natural secretions, increases cough, and encourages waste. By the side of milk it has no place whatever, neither does it offer a single indication of its value as a food.

In studying the relation of alcohol to disease, no other arguments can, in the opinion of Dr. Richardson, be scientifically offered in support of its use and service, beyond those to which he has drawn attention. Excepting in the cases named, in which alcohol may be supposed to play a useful part, but in which it cannot be placed as standing alone and as an absolute necessity, he would maintain that total abstinence is as sound a practice in disease as it is in health. Certainly no facts, no series of facts, are more remarkable than those which are revealed when the treatment of disease is observed without the use of alcohol as a remedy. It soon comes to be a rule with all observers in this school of thought, that the less they trust to alcohol the less they see reason to believe in it; that even in its position as a medicine it is of all the more useful remedies the least necessary; and that he who willfully leaves its use to the indiscriminate choice of the sick, or to their ignorant attendants, commits a breach of trust which no professional protection, in this day of awakening knowledge, can for any long time excuse, justify, or guard.

Notes and Comments.

Therapeutical Notes.

STRYCHNIA IN WRITER'S PALSY.

Prof. Annandale, of Edinburgh, uses—

℞. Liquor, strychniæ (B. P.)
Aquæ, āā. equal parts.

Six minims to be injected every second day, the dose being increased by one minim till it amounts to twelve minims. Ten to twelve injections are often sufficient.

NITRATE OF SILVER IN NEURALGIA.

A German contemporary gives a short account of some experiments by Le Dentu, on this subject. He has found hypodermic injections of two or three drops of a twenty per cent. solution of nitrate of silver of singular efficacy in the treatment of neuralgia, sciatica, and arthritis.

ACNE ROSACEA.

Mr. Erasmus Wilson advises, in the treatment of acne juventutis, frictions combined with kneading and pressure of the skin, with inunction of the hypochloride of sulphur ointment. This is to be performed at night, and washes off in the morning, with much soap and water. For true acne rosacea, the old treatment by means of hot-water sponging of the face, followed by the use of a lotion of bichloride of mercury, of two grains to the ounce, is occasionally of very great service. Arsenic is much recommended by Wilson, for acne juventutis.

INDIGO IN THE DIARRHŒA OF CHILDREN.

Dr. Dages, of Mexico, has lately recommended indigo in doses of seven or eight grains, in obstinate infantile diarrhœa. This product is generally considered an irritant to the alimentary canal.

ARNICA IN BOILS.

Dr. N. Planat has adopted (*Journal de Thérapeutique*) the use of arnica in all cases of superficial acute inflammation, as boils, angina, erysipelas, etc. He states that arnica cuts short all furuncular eruptions, except those accompanied by diabetes, with remarkable promptness. For external use, he employs a mixture of extract of fresh arnica flowers, ten parts; honey, twenty parts. If this be too liquid, he adds lycopodium. The mixture is applied to the inflamed part and covered with

oiled silk. Equally good results will be obtained in the same cases by the internal administration of tincture of arnica in doses of twenty-five to thirty drops every two hours.

Emphysema as an Aid to Operation.

The *British Medical Journal* states that Dr. Bourel Roncière (*Archives de Méd. Navale*, No. 2, 1878) describes a method of blowing air into the subcutaneous and intermuscular tissue, with the effect of dissociating and isolating the different layers and the superficial tissues, and with the object of facilitating surgical operations. It is employed at the hospital at Buenos Ayres, and is effected thus. In the vicinity of the tumor the skin is perforated with a trocar, and to the cannula is attached an air-pump. The tissues in the neighborhood are compressed, to prevent undue diffusion of the emphysema; and the air is driven by a few strokes of the piston, in quantity sufficient to distend the surrounding cellular tissue and dissociate the various layers. The enucleation of tumors and the discovery of the vessels are said to be much facilitated by the process, which is described as being free from bad results. It has been employed in a large number of important operations: strangulated hernia, removal of cervical and submaxillary and axillary adenomata, ligature of large vessels, etc.

Typhoid and Intermittent Fever in the Lower Animals.

A writer in an English contemporary remarks—

Professor Simonds has pointed out that the infection of typhoid fever may be communicated to healthy pigs by men who have been in contact with diseased ones; for instance, in slaughtering them. And this is a fact of serious import, considering the frequency and fatality of typhoid fever in pigs, and the tendency of butchers in our large cities to sell for human consumption the flesh of the diseased animals. For instance, at Bradford, where an epidemic of fatal typhoid fever in pigs occurred in the beginning of 1876, a pork butcher was committed to prison for two months for having sold some of the diseased flesh of the dead animals. Wallace, in his *Malay Archipelago*, speaks of an illness in a young captive orang "which ran its course like an intermittent fever, and killed it;" the disease "exhibited phenomena altogether human-like." Probably it was intermittent fever; A Natal lion died of fever in the Zoological Gardens, Dublin, in 1864; but in this case, as in so many others, we are not told what was the precise nature of the fever. What is called "low" fever is frequently fatal among donkeys on the east coast of Africa, a fever that may or may not be intermittent or typhus.

The Frequency of Orchitis from Mumps.

M. Laveran, at the Société Med. des Hôpitaux, May 16th, brought forward a paper on "Mumps," in which he said that the affection of the testicle or breast was a very common complication, and should be regarded as a symptom of the disease. Out of 432 cases, no less than 156 had orchitis, and further, he said that out of 111 cases of orchitis, 73 were followed by atrophy. The orchitis comes on about the fifth or sixth day after the parotid is attacked, and often when this begins to diminish. Hence the notion of metastasis. Sometimes the ovary suffers, instead of the breast.

In the United States these complications are certainly not usually so frequent.

Treatment of Glandular Engorgements.

Dr. Quinart, a French surgeon, counsels the application of blisters, not only on enlarged glands, but upon those in which pus has already formed, and he says that, by this method, he has succeeded in obtaining the resolution of inflamed glands which have already contained many ounces of pus. When the perforation of the skin is imminent, he punctures the tumor at its most depending part, and as soon as the pus has been discharged, he covers it with a blister which is extended to a margin beyond its limits. The next day the blistered surface is dressed with mercurial ointment, and a new blister is applied as soon as the first surface begins to dry up.

The Treatment of Subacute Laryngitis.

This form is often called "clergymen's sore throat." On its treatment, Dr. R. H. Semple says, in the *Lancet*—

Although often tedious, it is generally satisfactory, and local measures are far more valuable than constitutional ones. The direct application of alterative solutions to the vocal cords will often be of immediate service in cases which have been previously treated in vain by general medicines, sedatives, and gargles, which

last pass over the epiglottis into the pharynx, and do not touch the seat of the disease. The subacute laryngitis, although often productive of great and protracted suffering, is rarely fatal; but I wish particularly to observe that this remark applies only to idiopathic subacute laryngitis, and not to those numerous cases where the disease is complicated by constitutional or specific morbid influences.

Correspondence.

Accidents in Catheterization.

Ed. Med. and Surg. Reporter:—

In reply to Dr. Beach's article in the Reporter, entitled "Accidents in the Use of the Catheter," let me state a somewhat similar and unusual experience. Patient about fifty years old, of feeble, scrofulous constitution; had been impotent for about two years. Was called to see him on account of retention of urine. Catheterized him twice a day, for two or three days, then urged him, after giving instructions, to attempt the operation himself.

My diagnosis was enlarged prostate, complicated with spinal anæmia.

He failed to catheterize, and in consequence of his efforts, had a slight oozing of blood from the urethra, which, however, soon ceased. Up to this time I had used a metallic catheter. I then substituted a flexible rubber one, No. 7. It fulfilled the purpose so admirably, that I urged the wife to undertake it, which she did, with success, for the next two days. Then I was suddenly summoned, by a message that my patient was bleeding in an alarming manner from the urethra; found him very much exhausted; had to put him to bed, syncope threatening; had lost fully a pint of pure blood. It was still issuing from the meatus in a steady stream, with the pulsations of arterial bleeding. Could not pass the rubber catheter, but the metallic one passed, and the bladder, not having been emptied for five or six hours, was relieved of about a pint of clear urine, not a stain of blood in it. The bleeding ceased until I got the catheter this side of the neck; then immediately a solid column of blood issued again, from its orifice. Having noticed that the pressure of the instrument, when in the bladder, checked the hemorrhage, and having with me a gelatine bougie (five grains sulph. zinc) I availed myself of its mechanical as well as styptic properties, passed it well into the prostatic urethra, and held it there for a while. The bleeding slowly ceased, and I left it *in situ*, wrapping up it and the penis in some cloths. I left my patient for the night, hoping for the best and fearing the worst. Next morning found everything right; a portion of the bougie had been expelled, but no bleeding had followed; used the catheter without any difficulty, causing no return of bleeding, and bringing away nothing but clear urine. From this time on, about eight weeks ago, the retention gradually ceased, and the catheter was, and is now, dispensed with. My theory of the bleeding is this: An intense passive engorgement of the prostate, producing a hemorrhoidal condition of the superficial veins, one of which rupturing, would be sufficient to produce the amount of hemorrhage which followed. The amount of engorgement, too, would be sufficient to account for the retention, and this opinion is confirmed by the consequent rapid disappearance of that difficulty. No other condition but that of aneurism could account for it, and that would not have been so readily controlled. I suspect, though, in the doctor's case there might have been a malignant condition.

George Romig, m. d.

Allentown, Pa.

Carbolic Acid in Carbuncle.

Ed. Med. and Surg. Reporter:—

I will give you below notes of a case of some general interest:—

Saw Mr. R. W. on June 3d, 1878, with a carbuncle about five inches in diameter, situated on the anterior part of the thigh, about six inches below Poupart's ligament, presenting the usual appearances. Thinking this a good opportunity to try carbolic acid, I filled a hypodermic syringe with 95 per cent. solution of the acid, attaching a large needle. A puncture was made in the centre of the mass and the needle pushed in to the depth of about three-eighths of an inch, when ten minims were deposited, at three-quarters of an inch another ten minims were left, and ten minims more at one and a quarter inches. For a short time pain was intense, but soon subsided, without opiates. Ordered a large, warm flaxseed poultice. Saw patient again June 6th. Found the central part of the mass broken down, and suppurating very freely. No pain had been experienced since that immediately following the injection of the acid. From this time recovery was very rapid.

G. V. Chamberlain, m.d.

Birch Run, Michigan.

Ed. Med. and Surg. Reporter:—

I also have lately been treating a carbuncle. A young student friend called, some two weeks since, with a medium-sized carbuncle, near and posterior to the mastoid process. Said he had one a year ago that lasted and worried him some six weeks. I told him I was afraid he would go through the same worry again. Said he was getting ready for commencement and he couldn't study, and wanted me to try and cure it quick as possible. As yet I thought there was no destruction of cellular tissue, although it was nearly a week old. I charged my hypodermic syringe with five drops of carbolic acid and ten drops of water, and inserting the needle quite into the centre of the carbuncle, I threw in the injection. In three or four hours it was badly

swollen, though not very painful. In twenty-four hours it was much reduced in size, and by the third day had almost entirely disappeared. Final result, abortion or resolution. The dose of acid was probably large, but it was effectual. I got one dollar in cash and ever so much gratitude. I am not writing this for the REPORTER, but only giving you the successful treatment of a carbuncle by one injection.

Wooster, Ohio. L. J. HARLEY, M.D.

Case of Malarial Hæmaturia Successfully Treated on the Mercurial Plan.

ED. MED. AND SURG. REPORTER:—

Having recently treated a case of malarial hæmaturia, with calomel as the principal agent, permit me to report the same, through your valuable journal.

T. H. G. had suffered with periodical attacks of chill and fever for three years; warding them off with quinine. On April 1st he felt as if the fever would return, and resorted to his usual remedy, quinine, too late, however, to interrupt the paroxysm. He soon found a chill of unusual severity approaching, and before it was fairly established voided bloody urine, which continued for twelve hours before I reached him. I found the following symptoms present: pulse 130, skin and eyes yellow, urine copious and bloody, nausea and vomiting, headache, stupor, amounting to unconsciousness, as he would void urine and fæces without notice. I immediately gave him ten grs. calomel, and applied mustard to the epigastrium; gave also small doses of morphine and chlor. pot. Repeated calomel every two hours until 40 grs. were taken, about which time his bowels were moved by the calomel, and immediately on its action the urine began to change, and soon assumed a natural color; gave, then, 5-gr. doses quinine, until full cinchonism was produced. After convalescence I gave, with a view of improving general health, citrate of iron and quinine. He made a rapid recovery.

I have stated this case hoping to hear, through your columns, of any similar treatment, as this is a new disease in this locality, and consequently there is much difference of opinion as regards the treatment. R. C. GRIER, M.D.

Near Port Harreson, S. C.

Tincture of Arnica in Bee Stings.

ED. MED. AND SURG. REPORTER:—

Perhaps it is not generally known that the tinct. of arnica is the remedy par excellence in the treatment of the sting of the honey bee, but nevertheless it is true, as I can attest by personal experience. I have been engaged in bee raising for several years, and, as a natural result, I am stung, not infrequently, especially during the swarming season. Living in the country, and isolated from city conveniences, I have found it convenient, and even necessary, to keep on hand a supply of pharmaceutical and therapeutical preparations, so that my facilities for experimenting have been good, in this line. I think that I have applied almost every medicinal preparation that could reasonably be expected to have any beneficial effect in such cases. But the results were all the same, unsatisfactory, until this spring, when I was stung by a bee, and I applied the tinct. arnica, and the relief was immediate and complete.

Since then I have applied it to many cases, and the effect has been invariably the same; the pain and swelling disappear immediately after applying the tincture. I write this with a hope of benefiting others, as I have been benefited by the discovery. S. B. DIVELBISS, M. D.

West Point, Mo., June 12th, 1878.

NEWS AND MISCELLANY.

Professional Poisoners.

A curious class of poisoners by business is described by a writer in the *Chemist and Druggist.* They are found in India, and use the seeds of various species of *datura,* and are hence called *dhatooreas.* It is in India the custom, when journeying from town to town, to unite with any party going the same way, and apparently of the same caste, to lessen the expenses of traveling and the danger of attacks by wild animals. A single traveler is always allowed, with little inquiry, to join himself to a company. They then smoke together, and cook, and eat their meals in public, by the roadside. The dhatooreas in this way are admitted to the company of any travelers whose caste they disguise themselves to resemble. By worming themselves into the general confidence they may have an opportunity of drugging the flour while fetching it from the store; they may undertake the cooking, or supply their new-found friends with tobacco; or in honor of some pretended family event, they may give the party a feast, at which the chief dishes will be drugged. However, they rarely prosecute their business on so large a scale. More often a single man joins a party of two, which he will poison at the first opportunity. Their victims are generally of the poorer class, and a case is recorded in which a poor old fakeer, or mendicant, and his little son were drugged for the sake of an old blanket, their only possession. The boy died, but the old man recovered after three days' intoxication. It is evident that with such profits on a single transaction they must poison many persons to make a comfortable living. One young man, less than twenty-one years of age, who had adopted the profession because it was "very dull at home in his village," had, in this way, poisoned at least twenty-seven persons in eighteen months. The real number was probably greater.

Children are, or were, frequently enticed by poisonous sweetmeats, and when intoxicated were robbed of their ornaments. In 1868 a number of persons, apparently Brahmins, were

going about Bengal distributing poisoned sweetmeats gratis, with no apparent object or thought of gain. During 1849 fifty-one cases of datura poisoning were treated at the native general hospital, Bombay, and as the number discovered in time for this to be possible is comparatively small, we can, at least, imagine what a large number of cases really occurred.

The Egyptian Medical School.

The Egyptian Medical School at Kasr-el-Aïn was founded in 1827, by Mehemet Ali, closed by Abbas Pasha in 1849, and reopened by Saïd in 1856. It has since then, under the teaching of Professors Clot Bey, Reyer, Lautner, Bilharz, Griesinger, and others, restored Egyptian medicine to the rank of a science, and replaced the Frankish quacks of the last generation by a native faculty which, probably, has no equal in the East. The Mohammedan prejudice against dissection has here long been overcome, and the latest results of Western pathology having obtained free adoption, this College turns out physicians, surgeons, and apothecaries, many of whom would be a credit to the best European schools. Its curriculum extends over five years, the first two of which are appropriated to further pursuit of the general education previously begun in the lower schools, and the remaining three to exclusively medical studies. A large and well-organized hospital in connection with this school furnishes ample means of clinical instruction to the students, and gratuitous medical treatment to all comers. Attached to it, also, is the School of Midwifery, in which thirty young native women are taught reading, etc., and the elements of medical science and obstetrics; passing through a three-years' course of instruction, they are certificated, and sent into the provinces where the common prejudice of Arabs and Copts forbids male practitioners of the obstetric art.

Mint Culture in New York.

Mr. H. G. Hotchkiss commenced the cultivation of mint in 1841, in the neighborhood of Lyons, Wayne County, New York. He produced at first 1000 to 2000 lbs. annually, and, thanks to his intelligent method of cultivation and the minute care which he employed in the distillation of the plants, the oil of his stamp was soon celebrated as the finest, the purest, and the best in the United States. Mr. H. G. Hotchkiss afterward extended this industry considerably. He has made large new plantations, and a great part of the land which he purchased can be submerged at will during the winter, in order to preserve the plants from the severe cold. Hundreds of laborers spend their care upon the fragrant herbs which cover this large property. One acre of land produces nearly 20 lbs. of mint, and Mr. H. G. Hotchkiss sends yearly more than 50,000 lbs. of this valuable liquid to his different agents, who distribute it through the whole world.

Bee Stinging as a Remedial Measure.

The German papers tell a story of a woman living in the neighborhood of Prague, who suffered so severely from gout in the arm that she could not obtain rest or sleep, and the limb in which the disease had settled was rendered entirely useless. Her husband having heard of a countryman who had been completely cured of rheumatism after being accidentally stung by a bee, persuaded her to try this disagreeable remedy, which, as he pointed out, could hardly prove so painful as the disease. She consented, and allowed three bees to be placed on her arm, and to sting her in several places. Surprising results ensued; the patient soon afterward fell into a long and deep sleep, the first real sleep she had enjoyed for six months, after which the acute pain disappeared, and when the swelling produced by the stings subsided the arm recovered the power of motion, and the gout has not since reappeared.

Counterblast Against Opium Smoking.

A recent edict of the Chinese government speaks of the people as foolish, coveting wealth, and forgetful of the injury that is being done by the cultivation of the poppy instead of cereals, and it enacts that for the future the cultivation of the noxious drug must cease; disobedience thereto to be visited with severe punishment. This edict applies to the whole of China. The district magistrate of Tientsin has personally visited the opium-smoking resorts, and closed them all. Soldiers and officials are strictly prohibited from smoking, under heavy penalties.

Obituary Notes.

—Dr. Robert Lewis Madison, professor and surgeon at the Virginia Military Institute, died at that institution on Sunday night, May 26th. Deceased was a great nephew of President Madison, and physician to Gen. Robert E. Lee.

MARRIAGES.

Bowler—Bryant.—In Cincinnati, O., June 6th, at the residence of the bride, by the Rev. A. M. Worcester, Dr. G. W. Bowler and Mrs. H. J. Bryant.

Dabney—Gregory.—June 20th, in Grace street Presbyterian Church, Richmond, Va., by Rev. Charles H. Read, D.D., Rev. John W. Dabney and Kate Nelson, daughter of Dr. Thomas L. Gregory, of Hanover county, Va.

Hervey—Gist.—June 12th, 1878, by Rev. David Hervey, assisted by Rev. A. B. Marshall, at the home of the bride's father, Mr. Henry C. Hervey and Miss Lila J., daughter of Dr. J. W. Gist, all of Brooke county, W. Va.

DEATHS.

Badger.—On the 26th ultimo, at Souderton, Pa., Dr. Emile B. G. Badger, aged twenty-eight years.

Bullus.—In New York, Wednesday, June 26th, at the residence of her brothers, No. 335 West Twenty-third street, Hester Sophia, wife of Robert S Bullus, M.D., and daughter of the late Gen. Jacob Morton.

DOCTOR RABUTEAU'S

(Laureate of the Institute of France.)

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Of Proto-Chloride of Iron.

"The experiments made in the hospitals of Paris have demonstrated that *Dr. Rabuteau's Dragees, Elixir and Syrup* regenerate the red globules of the blood with a rapidity never observed with the use of the other ferruginous preparations. These results have been proved by the various *Compt-Globules.*

"The ferruginous preparations of *Dr. Rabuteau* do not cause any constipation, and are perfectly tolerated by the weakest persons."—*Gazette des Hospitaux.*

Dr. Rabuteau's Elixir is prescribed when some difficulty is experienced in swallowing the Dragees; it is especially adapted to weak persons, whose digestive functions need strengthening or stimulating.

Dr. Rabuteau's Syrup is especially prepared for children, who take it readily, because of its agreeable taste.

DUCRO'S ALIMENTARY ELIXIR

A Combination uniting the properties of ALCOHOL and RAW MEAT. It has been Mr. Ducro's aim in preparing this elixir to present under the form of a pleasant cordial the nutritive and restoring properties of raw meat and the stimulating properties of alcohol. In this he has been eminently successful, judging from the great number of physicians who prescribe and use this food medicine. This preparation, which has been used with great success in the hospitals of Paris since 1868, is adapted to the treatment of all diseases requiring the administration in a small volume of a tonic able to stimulate and support the vital forces, as in *Pulmonary Phthisis*, *Depression* and *Nervous Debility*, *Adynamia*, *Malarial Cachexia*, etc. It is especially adapted for delicate ladies and children, debilitated old people and convalescents.

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THE scarcity and high prices of Cinchona barks and Sulphate of Quinia, and the prospect of only a slight reduction in these prices, makes the present a favorable opportunity of calling the attention of the profession to the *combination of all the bark alkaloids.*

Much attention has been given to this subject in Europe and India.

The growing appreciation by the medical profession of the United States of

CINCHO-QUININE

is due to the fact that it retains the important alkaloids IN COMBINATION, — a combination which in practice is *preferable to perfect isolation or separation* of these alkaloids.

In addition to its superior efficacy as a tonic and anti-periodic, it has the following advantages, which greatly increase its value to physicians: —

1st, *It exerts the full therapeutic influence of* Sulphate of Quinine, *in the same doses*, without oppressing the stomach, creating nausea, or producing cerebral distress, as the Sulphate of Quinine frequently does; and it produces much less constitutional disturbance.

2d, It has the great advantage of being *nearly tasteless.* The bitter is very slight, and not unpleasant to the most sensitive, delicate woman or child.

3d, It is *less costly*; the price will fluctuate with the rise and fall of barks, but will always be much less than the Sulphate of Quinine.

4th, It meets indications not met by that Salt.

The following well-known Analytical Chemists say: —

"UNIVERSITY OF PENNSYLVANIA, Jan. 22, 1875.
"I have tested CINCHO-QUININE, and have found it to contain *quinine, quinidine, cinchonine, cinchonidine.* F. A. GENTH,
Professor of Chemistry and Mineralogy."

"LABORATORY OF THE UNIVERSITY OF CHICAGO, Feb. 1, 1875.
"I hereby certify that I have made a chemical examination of the contents of a bottle of CINCHO-QUININE; and by direction I made a qualitative examination for *quinine, quinidine,* and *cinchonine,* and hereby certify that I found these alkaloids in CINCHO-QUININE.
C. GILBERT WHEELER,
Professor of Chemistry."

"I have made a careful analysis of the contents of a bottle of your CINCHO-QUININE, and find it to contain *quinine, quinidine, cinchonine,* and *cinchonidine.*
S. P. SHARPLES, *State Assayer of Mass.*"

TESTIMONIALS.

"WELLFLEET, MASS., Nov. 17, 1876.
"I have used CINCHO-QUININE, and can say without any hesitation it has proved superior to the sulphate of quinine. J. G. JOHNSON, M.D."

"MARTINSBURG, MO., Aug. 15, 1876.
"I use the CINCHO-QUININE altogether among children, preferring it to the sulphate.
DR. E. R. DOUGLASS."

"LIVERPOOL, PENN., June 1, 1876.
"I have used CINCHO-QUININE, obtaining better results than from the sulphate in those cases in which quinine is indicated.
DR. I. C. BARLOTT."

"RENFROW'S STATION, TENN., July 4, 1876.
"I am well pleased with the CINCHO-QUININE, and think it is a better preparation than the sulphate. W. H. HALBERT."

"ST. LOUIS, MO., April, 1875.
"I regard it as one of the most valuable additions ever made to our materia medica.
GEORGE C. PITZER, M.D."

"RICHMOND, VA., March 28, 1877.
"I believe that the *combination* of the several cinchona alkaloids is more generally useful in practice than the sulphate of quinine uncombined.
"Yours truly, LANDON B. EDWARDS, M.D.,
Member Va. State Board of Health, and Sec'y and Treas. Medical Society of Va."

"CENTREVILLE, MICH.
"I have used several ounces of the CINCHO-QUININE, and have not found it to fail in a single instance. I have used no sulphate of quinine in my practice since I commenced the use of the CINCHO-QUININE, as I prefer it. F. C. BATEMAN, M.D."

"NORTH-EASTERN FREE MEDICAL DISPENSARY, 908 East Cumberland St., Philadelphia, Penn., Feb. 29, 1876.
"In typhoid and typhus fevers I always prescribe the CINCHO-QUININE in conjunction with other appropriate medicines, the result being as favorable as with former cases where the sulphate had been used.
"F. A. GAMAGE, M.D."

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CONTENTS:

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

TYSON JAMES.—Some Reasons Why the Microscope should be Used by Every Physician..... 45
CROTHERS, T. D.—Danger from the Injudicious Use of Alcohol in the Sick Room..... 48
HORNER, FRED.—The History, Symptoms, Pathology and Treatment of Angina Pectoris.... 51
SCHELL, H. S.—Granular Lids..... 54

HOSPITAL REPORTS.

Pennsylvania Hospital—Clinic of Professor Da-Costa.—Salicylate of Soda in Rheumatism; Double Hemiplegia, from Embolism, Distinguished from Tumor of Base of the Brain.. 56

EDITORIAL DEPARTMENT.

PERISCOPE.

Management of the Third Stage of Labor..... 58
Treatment of Apoplexy with Heart Disease..... 58
A Discussion on Hodgkin's Disease..... 59
On Telegraphists' Cramp..... 59
A Case of Pernicious Anæmia..... 60
The Early Operation for Ruptured Perineum.... 60

EDITORIAL.

PREMIUM LIST FOR 1878..... 61
THE OPPOSITION TO GENERAL VACCINATION... 61

NOTES AND COMMENTS.

Treatment of Umbilical Hernia in Infants, by Adhesive Plaster..... 62
On So-called Homicidal Mania..... 62
Injurious Effects of Narcotics in Insanity..... 62
Sclerotic Acid in Fibroids of the Uterus..... 63
The Prognosis of Puerperal Insanity..... 63
Development of the Cranium in Doctors..... 63
The Use of Thymol in Surgery..... 63

CORRESPONDENCE

A Case of Puerperal Peritonitis (Sholl)..... 64
Nitrite of Amyl and Chloroform as an Anæsthetic (Balliet)..... 65
Infantile Umbilical Hernia (Kennedy)..... 65

NEWS AND MISCELLANY.

Cremation Society..... 65
Gymnastics in Schools..... 65
Items..... 65
Personal..... 66

QUERIES AND REPLIES..... 66

MARRIAGES AND DEATHS..... 66

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RICHARD M. HODGES, M.D.,
CALVIN ELLIS, M.D.,
SAMUEL CABOT, M.D.

At the annual meeting, held June 10, 1878, it was voted that no dissertation worthy of a prize had been offered on either of the subjects proposed for 1878.

The following are the questions proposed for 1879:

I. The relation of Animal Contact to the disease known as Hydrophobia.

II. Evidence showing that so-called "filth diseases" are not dependent upon "filth."

The author of a dissertation considered worthy of a prize, on either of the subjects proposed for 1879, will be entitled to a premium of Two Hundred Dollars.

Dissertations on the above subjects must be transmitted, postpaid, to J. B. S. Jackson, M.D., Boston, *on or before the first Wednesday in April*, 1879.

The following are the questions proposed for 1880:

I. Antiseptic Treatment. What are its essential details? How are they best carried out in practical form?

II. Diphtheria. Its causes, diagnosis, and treatment.

The author of a dissertation considered worthy of a prize, on either of the subjects proposed for 1880, will be entitled to a premium of One Hundred and Fifty Dollars.

Dissertations on these subjects must be transmitted as above, on or before the first Wednesday in April, 1880.

Each dissertation must be accompanied by a sealed packet, on which shall be written some device or sentence, and within which shall be enclosed the author's name and residence. The same device or sentence is to be written on the dissertation to which the packet is attached.

The writer of each dissertation is expected to transmit his communication to the President of the Committee, J. B. S. Jackson, M.D., in a distinct and plain handwriting, *and with the pages bound in book form*, within the time specified.

Any clew by which the authorship of a dissertation is made known to the Committee will debar such dissertation from competition.

Preference will be given to dissertations which exhibit original work.

All unsuccessful dissertations are deposited with the Secretary, from whom they may be obtained, with the sealed packet unopened, if called for within one year after they have been received.

By an order adopted in 1826, the Secretary was directed to publish annually the following votes:—

1st. That the Board do not consider themselves as approving the doctrines contained in any of the dissertations to which premiums may be adjudged.

2d. That in case of publication of a successful dissertation, the author be considered as bound to print the above vote in connection therewith.

RICHARD M. HODGES, M.D., *Sec., Boston, Mass.*

Publishers of Newspapers and Medical Journals throughout the country are respectfully requested to notice the above. 1117-1119eow

THE

MEDICAL AND SURGICAL REPORTER.

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Original Department.

Communications.

SOME REASONS WHY THE MICROSCOPE SHOULD BE USED BY EVERY PHYSICIAN.

BY JAMES TYSON, M.D.,

Professor of General Pathology and Morbid Anatomy in the University of Pennsylvania; one of the Visiting Physicians to the Philadelphia Hospital, etc.

In the present state of our knowledge, it is not required to prove the necessity of the microscope in the study of anatomy, physiology, and pathology—in biological science generally—and as an aid to accurate diagnosis. But while all acknowledge this, there are still those who do not admit its necessity to every practitioner. The notion prevails, that to the physician in the country the instrument is not at all necessary; and that in the cities there need be but a few acquainted with its use, to whom others can resort in the rare occasions demanding it. Apart from the fact that these occasions are far from being rare, it is evident that such a practice will result in frequent omission of a use of the microscope, when it might have been most advantageous. For, however willingly the few qualified may lend their assistance, causes constantly arise to prevent it. In some instances young physicians may not feel at liberty to ask assistance, in others there may be such delay that the characters of the object to be examined have become altered, or the disease itself may have changed, so that like products are not obtained, and thus the desired aid is lost. A repetition of such circumstances, and a feeling of reluctance repeatedly to call upon the microscopist, will cause many cases to terminate unexplained, or imperfectly understood. And as to medical men who reside at a distance from the cities, they are altogether cut off from facilities to which they are properly entitled, and without which they are often unjustly compelled to take rank below those more favored, and resort to them for consultation upon points which, with suitable means, they would be amply qualified to decide.

But it is not altogether the fault of the student of medicine that he is unacquainted with so important and indispensable an aid to medical practice. He can hardly be expected to appreciate the microscope when he looks in vain for any allusion to it in the curriculum of the school of his choice. Much less does he find any knowledge of it required in the final examination. Very reasonably, then, does he infer its secondary importance, even though he may have heard much concerning its utility; and, already oppressed by what *is* actually required, he, probably, gladly excuses himself from any further attention to a matter without knowledge of which he may still become a doctor.

Such a state of affairs is, I am glad to say, passing away. In the British medical schools—in London, Edinburgh, Glasgow and Dublin—the use of the microscope is now not only regularly taught, but the student's knowledge of it is tested in examination. To go back more than ten years, at the second examination for the degree B. M., Oxford, December 1865, we have the following questions: Describe the general appearance and microscopical structure of a lung affected by pneumonia, discriminating

between the several stages of the disease? Mention the best known varieties of pityriasis, and describe their microscopical characters? What indications for treatment do you gather from microscopical examinations of urine? Examine and write an account of the urine marked A and the fluid marked B in the clinical room? These are all simple, but most important questions. Yet how few recent graduates of American medical schools are able to answer them!

On the continent of Europe, laboratories of normal and pathological histology form a part of every university. All pupils are required to be practical workers with the microscope, to be able not only to recognize disease where this depends upon its use, but to make elaborate preparations illustrating the minute anatomy of normal and diseased structures; while original observations in these directions often emanate from the under graduate.

In this country, most of the teaching in this direction is confined to private instruction, and that only in the largest cities. So far as I am informed, it is only in the Harvard Medical School, and the University of Pennsylvania, that laboratories for instruction in practical histology, normal and pathological, are found constituting an essential part of the medical course.*

It is, therefore, evident that most that medical men know of microscopy is acquired after they leave college, and as a result of their individual efforts, aided by such assistance as they may derive from a few books upon the subject; efforts which are tediously prolonged, and often end in discouragement, because those making them lacked the guiding hand or directing word which would quickly put them upon the right course.

Among the most important results to be expected from an increased familiarity with methods of minute investigation in common with all thorough medical education, is the tendency it must have to discourage charlatanism. The thoroughness of preparation which is involved in such methods of study is all powerful in preventing many of our own number from sliding away from rational practice, and yielding, in the hour of disappointment, to the demands of an ignorant and prejudiced community. In the accurate knowledge thus obtained those whose practice is based upon exclusive dogmas are always deficient. And it has been my privilege, more than once, to have known young men who commenced the study of medicine imbued with doctrines of homœopathy who promptly threw them aside, as, under the influence of accurate teaching, they began to appreciate, first, the precise structure of organs, then the true nature of vital acts performed by them, and the modifications which these undergo through the agency of drugs; proving that unprejudiced men of intelligence cannot conscientiously continue to accept dogmas so entirely opposed to truth as it actually exists in nature.

It is true of microscopy, as of all other sciences, that its results have not attained their present certainty without many serious errors, the absurdity of which did not at first appear. Here, as elsewhere, erroneous observation has been made the starting point of false theory. Indeed, it is evident that the microscope, through its magnifying power, is peculiarly adapted to furnish data which, if misconceived or misinterpreted, must lead us far astray in any theory based upon them; so far, indeed, as to render necessary, for the ultimate determination of truth, an amount of labor many times as great as would have sufficed in the first instance, had the original observations been accurately made.

Too much stress, therefore, cannot be laid upon *interpreting aright* what is seen. Here it is well for the student of microscopy, at the very outset of his studies, to familiarize himself with some of the causes of error, in order that he may be thoroughly on his guard against them.

One of the most important of these is *preconceived opinion* with regard to the subject under investigation, in consequence of which appearances are often twisted into consistency with it. Such subversion of the fact to previous opinion is not necessarily intentional. On the contrary, it is seldom so; the pursuit of science does not afford sufficient return to those who make willful misrepresentation their medium of success. But it is the unconscious influence of previous opinion to which I allude, and by which all of us are more or less controlled. Such tendency is diminished by extreme vigi-

* In the new curriculum in the Medical Department of the University of Pennsylvania, the matriculate is taught the use of the microscope and normal histology, including the preparation of specimens, making sections, etc., in the first year of the course; and in the second year, pathological histology is similarly taught, in the pathological laboratory. The microscopes required for this teaching, fifty in number, are furnished by the institution.

lance, and an exacting determination to see only that which is actually before us.

A *second* source of error is a *disregard of conditions under which observations are made.* No more striking instance of this exists, than is afforded by the very simple one of the red blood corpuscle, which, according to the earliest observers, was a circular disc resembling a piece of money; according to others, globular; to others, a disc slightly concave; and to others still, convex. All these appearances of blood corpuscles can be produced under different circumstances; yet there is now no difference of opinion as to the actual shape of these bi concave discs.

A *third* source of many errors lies in *inexperience.* To obviate this the student has but to be patient, to examine and re-examine the same structure under every available condition. He should not be eager to give an opinion, until he feels that he has acquired habits of observation which will not only render it reliable, but spare him also the mortification of recanting what he may have considered truth. To a cultivation of such accuracy, the habit of recording the results of observations contributes greatly. In such record the object should be to describe only what is seen, without attempting to complete an imperfect picture. Especially useful is it to make drawings of what is seen, by means of the camera lucida, or other drawing appliance attached to the microscope, so that complete accuracy is secured.

Still more difficult is it to draw conclusions from what we observe, and it is only after long experience that we are justified in attempting this; and even those of the greatest experience, using the best instruments and observing the most rigid caution, sometimes make mistakes. Such an instance is furnished by Professor Rindfleisch, who, in the last (fourth German) edition, p. 85, of his Pathological Histology, makes the following statement. "The earlier editions of this text-book contained at this point the following passage, which may be considered an instructive example of a misinterpretation of an otherwise good histological observation:—

"'If through this arrangement a structure of a higher order, somewhat comparable to the connective tissue stroma of the mucous membrane of the intestine, is produced, this is rendered still more striking by the occurrence of certain spherical bodies, which I must consider the lymphatic follicles of the new formation. These lie within the parenchyma, equally distant from the larger vessels. Very fine sections, brushed out, easily convince one that a delicate reticulum with small lymph cells imbedded forms the chief bulk of the round node. Toward the periphery these corpuscles adhere more firmly to the reticulum than in the centre, so that here usually exists a zone difficult to clear up. On each side is a lighter zone, which is penetrated by larger stellate cells, so that, in fact, only the demonstration of a communication of the body with the lymphatic vessels is wanting. In the meantime I remind my readers that this demonstration is also wanting in the follicles of the tonsils.' *

"On the other hand, I am now convinced that the lymph follicles described by me are identical with the miliary tubercles of fungous granulation more recently discovered and correctly appreciated by Köster."

Among the instances which illustrate the value of the microscope in the hands of the practitioner, may be mentioned the following:—

First, as to Bright's disease of the kidney. It is absolutely impossible to make a certain diagnosis of these affections, without recourse to the microscope—the detection of casts in connection with albumunria being indispensable.

In renal calculus, while it is not always possible to discover the nature of the stone by the microscope, it becomes so in a large number of instances.

In affections of the bladder and pelvis of the kidney, I consider the microscope an essential aid to the knowledge of the disease. By means of it we are enable to determine whether pus, which is a constant attendant of both, comes from the pelvis and ureters or the bladder; in the latter instance being generally accompanied by crystals of the triple phosphates and mucus, and in the former occurring alone.

In trichiniasis, or the disease in which the muscular system becomes infested with *trichina spiralis*, the microscope can alone certainly decide.

Many skin diseases can alone be diagnosticated by this means. Such are preëminently the vegetable parasitic diseases—*tinea favosa*, characterized by the presence of the *achorion schonleini*, *tinea circinata*, *tinea tonsurans*, *tinea sycosis*, by the *trichophyton*, and *tinea versicolor* by *microsporon furfur*.

It becomes a matter of daily necessity to determine the nature of a morbid growth removed from a patient, and thus learn the prognosis of

*This is the text of the New Sydenham Society's *Translation*, p. 128, vol. 1.

the case—whether the tumor is malignant and will return, or whether the patient may consider himself safe from any such danger, and thus be permitted to enjoy the life which would otherwise be dread uncertainty. This the microscope, in connection with improved methods of investigation, permits us to do with certainty.

In diseases of women the microscope has recently shown itself of signal utility in the hands of the writer; in this instance, rather in proving the absence of disease in the woman. A married lady consulted my colleague, Professor Goodell. She had been treated for uterine disease by several physicians. But she remained barren, although she and her husband were exceedingly anxious to have children. It occurred to Prof. G., that there might be some defect on the part of the husband, and he asked him to bring some of his spermatic fluid to me for examination. He did so, and on placing a drop under the microscope, instead of finding hundreds of spermatozoids, as I confidently expected, *not one* was present. Repeated examinations showed the same result. On inquiry it was found that the man had had an epididymitis after gonorrhœa, some years back. How conclusive this result; and what other means could so definitely have settled the question?

The use of the microscope in *medico-legal investigations* is not generally considered work for the general practitioner, but rather for the expert; but if the physician were educated as he should be, there are few occasions in which its use is called for in such cases in which he would not be fully qualified to decide. Among these, the *detection of spermatozoids* in spots on linen, or in the mucus of the vagina, in cases of suspected rape, are among the easiest of tasks to those familiar with the use of the microscope and the appearances of these bodies. Little more difficult is it to determine the *presence of blood* by the recognition of its corpuscles, or the production of *hæmin** crystals (hydrochlorate of hæmatin) and their subsequent recognition by the microscope. To discriminate human blood discs from those of animals possessing oval corpuscles is scarcely more difficult; but when it comes to distinguish human blood discs from those of other animals having corpuscles of similar shape, we come to ground on which even experts differ. There are certain corpuscles, those of the dog, the ape tribe, the hare and the rat, which so nearly equal in size the discs of human blood, that no one attempts to distinguish them. On the other hand are the corpuscles of the ox, horse and sheep, so much smaller than human corpuscles that some microscopists, and among these Dr. Jos. G. Richardson, of this city, is prœminent, declare it possible to assert, if it is claimed that such and such blood is the blood of a sheep, horse or ox, that such is not the case. The writer has had the opportunity of comparing the corpuscles of some of these latter named bloods mounted side by side with human blood corpuscles by Prof. Wormley, and certainly there was such a marked difference that even a tyro could detect it. Whether, when, as is the case in practice, the comparison has to be made by measurements of the two kinds of corpuscles after age and exposure have produced their effects, it is safe to make the assertion claimed by Dr. Richardson, is another question; but the writer, with his present knowledge of the subject, might be willing to go so far as to say that such bloods are *less likely* to be the bloods of ox, horse or sheep, *than human blood*.

* To produce hæmin crystals, a small fragment of the suspected blood stain, or a few fibres of the stained garment, are reduced to fineness, a minute quantity of pulverized common salt (not more than an equal bulk) is added, and thoroughly mixed with the former, on a glass slide, covered with a thin glass cover, and a few drops of glacial acetic acid allowed to pass under the cover. A gentle heat is then cautiously applied by a spirit lamp, until the acetic acid is partially vaporized. The slide is then allowed to cool, and if blood is present and the experiment has been carefully performed, numerous rhombic crystals of hæmin will be discovered by the microscope. The experiment is the more likely to succeed, the larger the quantity of blood used, but the skill in manipulation is shown in producing them with the minimum amount. The writer has obtained them in large numbers from one or two filaments drawn from a stain on muslin. This is by far the most certain test for blood, nothing else yielding these crystals by this manipulation. While it is not likely that anything else will be found in places where blood is likely to be present, which can be confounded with blood discs, yet the writer was once shown, by his colleague, Prof. Wormley, a slide of circular spores so closely resembling blood discs that only the most experienced observers could distinguish them.

DANGER FROM THE INJUDICIOUS USE OF ALCOHOL IN THE SICK ROOM.

Read before the Hartford County Society, May, 1878,

BY T. D. CROTHERS, M.D.,

Superintendent of Walnut Hill, Hartford, Conn.

Clinical studies of the histories and early causes of many cases of inebriety indicate that the injudicious use of alcohol or its compounds, prescribed as a medicine, have been the starting point of many lamentable cases. There

can be no doubt such cases are more frequent than we are aware of; also that irregular practitioners and domestic prescriptions are responsible for a large share of them.

A book on domestic medicine, quite popular a few years ago, and somewhat widely circulated, written by an irregular, in which alcohol was the common remedy recommended, has been the exciting cause in several well authenticated cases of inebriety, and has probably been the origin of many others.

The free use of bitters, containing alcohol in combination with very impure drugs, are responsible for a large per cent. of such cases.

Remedies that appear recommended in newspapers, with alcohol as a base, are also dangerous.

Medical men who have become enthusiastic as to the possibilities of alcohol, have not unfrequently prescribed it for every condition of exhaustion for a long time. The results, in many cases, have been a possible transient good at the expense of propagating another disease more intractable and disastrous than the one they sought to relieve. The frequency of inebriety arising from such causes has brought out a special medical declaration in England, signed by most of the leading physicians and surgeons of the kingdom, calling attention to the belief that the inconsiderate prescription of large quantities of alcoholic liquids by medical men, for their patients, gave rise to intemperate habits, asserting that alcohol, in whatever form, should be prescribed with as much care as any powerful drug, and that the directions for its use should be so framed as not to be interpreted as a sanction for excess, or necessarily for the continuance of its use when the occasion is past. Bad results are not always clearly traceable, and do not follow in every case, or even in a progressive order, and hence are doubted.

As an illustration, an excellent physician said he could not, in his long experience of the use of alcohol as a medicine, recognize a single case of inebriety which followed from any alcoholic prescription that he had given. A few weeks after a case of inebriety was brought to me for consultation, in which the patient had taken, by this physician's order, brandy and cod-liver oil, for eight months, for incipient pulmonary hemorrhage. He recovered in part, but became an inebriate. The brandy with cod-liver oil was the first alcohol ever taken.

The disease of inebriety may be compared to malaria, which having once pervaded the system, leaves a peculiar predisposition, which only awaits a train of exciting causes to spring into activity.

Inherited conditions of organism may exist, which give direction to weakened functional activities, exploding in inebriety, with great certainty. The medical prescription of alcohol, to such persons, becomes the exciting cause, awakening and fixing conditions, which may not break out at once, but sooner or later will be manifest.

It is a fact well established in medicine that certain not well-defined states of the bodily organism decidedly contraindicate the use of particular remedies. This is manifestly so in the use of alcohol in many cases, particularly when there exist in the history indications of neurosal degenerations, or decided inebriate tendencies; or conditions of functional disorder, which are susceptible, and likely to take on organic disease. Anæmia, neurasthenia and neuralgia, and some conditions of rheumatism, also asthenic diseases, belong to this class, and are often developed into serious disease by alcohol.

Where alcohol is given medicinally any length of time, the danger is greatly enchanced.

The following are presented as typical cases, occurring in the practice of excellent physicians:

Rev. —— was the only son of a New York merchant, who become an inebriate at forty-five and died. His mother was an ambitious woman, always struggling into circles above her; and very nervous and impulsive. When a young girl she had St. Vitus' dance, and at the birth of her son had convulsions. She recovered, with an entailment of neuralgia, and various functional disorders. Her father was a hypochondriac for many years. And her brother, the uncle of the Rev. ——, drank more or less all his life.

It is evident from this that a marked neurosal diathesis existed, with a tendency to inebriety, depending on circumstances. Rev. ——, at twelve, developed a very sensitive nervous system, and at puberty suffered for six months, from low nervous fever, and general anæmia.

He was noted, in his academical studies, for his great mental capacity and irregular habits of work.

In college, he secured several prizes, and was one of those good-natured boys, who waste

much time during the day and make it up at night. He drank soda and beer, and lived well.

During his studies at the seminary preparatory for the ministry, dyspepsia came on, for which he used bitters, with some relief. At graduation he was in appearance slim, of light hair, with a strongly-marked nervous diathesis.

His first charge, a Baptist church, brought him in contact with a people who gave rich dinners, and lived high. His dyspepsia returned and bitters were used, with apparent good results. Two years later he married and was called to a city church, where the mental strain was continuous and severe. His habits of living were more or less irregular, and his dyspepsia came and went, although he continued to take medicine for this and various functional disorders. His pulpit work was impulsive and exhaustive. For weeks he would manifest great power and energy; then relapse into a condition of debility and indifference. After a revival season of much excitement, he went away to the seashore for rest, and drank a bottle of porter a day, with great relish and apparent benefit. He returned to his work and continued drinking porter. His nervousness increased, and a low nervous fever followed, ending in general exhaustion and functional paralysis, from which he recovered very slowly.

The next two years was spent in retirement, and then he became pastor of a village church, and preached once a day. Five years later he had grown more nervous and neuralgic; any special excitement caused great prostration. He was often unable to continue his sermon, from want of control of his nervous system. His mind seemed clear. He would work out in the garden for days, or go hunting or fishing, then remain in the house for an equal or greater length of time. He was very firmly opposed to the use of alcohol in any form, but continued to use different kinds of drugs, and sometimes bitters, with electricity, etc. Exhaustion, both mental and physical, with persistent neuralgia, became more and more prominent symptoms.

His church sent him to Europe, for three months. While traveling on the continent he drank wine freely, and came home much better. A year later his old prostration and nervousness came back with renewed energy. His family physician called a consultation, and after a long examination of the case, recommended Bourbon whisky, with cinchona bark and other tonics. The relief was marked, and the effects very agreeable. Increasing doses were demanded, and soon he was intoxicated. Then he became passionately fond of whisky, using it in large quantities three or four times a day. A few months later he drank to intoxication, and from this time the progress of the case was rapid. He resigned his church, to avoid the publicity of drinking. Retiring to the country, he is to-day an inebriate, broken down, and drinking to intoxication with every opportunity. His mind is enfeebled, and full of delusions of self-control, and ability to stop any time.

This patient inherited a tendency to nerve degeneration; his early habits indicated an alcoholic diathesis, or condition of exhaustion, which sought relief through the appetite. Mental labor, and strain of all kinds, reacted in this way. As he grew older this exhaustion became a sense of general agony and depression, and the organs seemed in sympathy with an undefined want, which alcohol, of all other substances, alone seemed to relieve. His visit to Europe, with a free indulgence of wine, fixed this tendency, which had grown gradually, from year to year, through the use of wine and bitters, and other remedies. The untimely prescription by the physician precipitated his case, and, as it were, exploded a long train of diseased tendencies.

Case 2.—John H., a farmer. His parents both died of consumption, in middle life. His grandfather drank very hard after sixty years of age, and one of his uncles was considered insane. Two sisters died of consumption, and one brother suffered many years from rheumatism, and finally died of some intercurrent affection.

Nothing unusual happened in childhood, except a severe attack of scarlatina, from which he suffered two or more years, with a discharge and deafness. This passed away without entailment, and through early youth up to manhood he was in good health and apparently of robust mind and body. He worked on the farm from seventeen years of age, doing the usual work.

At twenty-four he married, and became owner and manager of a large farm. He was temperate in everything except eating.

At twenty-eight he was laid up in bed from a fractured femur, and suffered from a bed sore and low form of fever, for which he was given porter, and brandy, and eggs, for many weeks. On recovery he showed a marked

taste for beer, and continued its use regularly. This was continued for over a year, and was alternated with whisky, during which time he became intoxicated several times. From various causes he signed the pledge and reformed, although using cider occasionally.

At forty he began, abruptly, to use whisky, at a political meeting, and became intoxicated; he continued to use it for some weeks, and then stopped, as before. From this time he was nervous, and very excitable, and easily prostrated after any unusual event that interested him. He became a hypochondriac and patronized quack and patent medicines for supposed heart disease.

At fifty he gave up his farm, and came to the city to live; he was nervous, and full of whims, and notions, and impulsive in his way and manner, using cider and occasionally beer. The changed circumstances of city life, and want of healthy occupation, increased his nervous prostration and mental disquietude. Hypochondriac delusions came on, and a physician was called, who treated him for six months; then came a council of physicians, who agreed that a whisky punch and a bottle of porter a day would answer the indications best. A few weeks later he was intoxicated every night. No effort to stop was of any avail now. His mind sunk down to the level of an animal whose only ambition was its gratification, particularly in drink. He seemed maniacal if alcohol was withheld from him. The physician who prescribed for him pronounced it incipient dementia, and urged that he be under restraint. And a few months later he died in a state of coma from alcohol.

This case was also marked for the strong inherited tendency to drink, which was present in the consumptive and rheumatic diathesis present in the family. These diseases are frequently associated with inebriety, and noted as phases of this disorder.

Inebriety not unfrequently appears in the next generation in rheumatic or consumptive diathesis.

The first intimation of this diseased tendency, was intemperate eating. After the fracture of his leg and its consequent debility, a desire for beer and stronger alcohols was prominent, developing and fixing all previous latent tendencies. This he was able to control, until a few years later it burst out again with abruptness, and from this time out there was evidence of permanent alteration of disposition and intellect. The emotions and motor functions seemed to have changed. And when he came under care of the last physician, the indications of an inebriate diathesis were clear. Nothing could be more fatal than the alcohol prescription.

These two cases appear to the general physician as simply, one, of nervous prostration and general exhaustion, the other a hypochondriac, with disturbed intellect and emotions. Had a careful history of each been made the contra-indicative symptoms would have been apparent.

The general rule may be laid down that all cases of physical and mental exhaustion are extremely susceptible to the poisoning of alcohol, and liable to take on diseased conditions that are more or less permanent from its use.

2. From the best authority of clinical observers in this country and Europe, the use of alcohol in the sick room is attended with great danger, unless judiciously used.

3. The conditions contraindicating its use are numerous, and should be studied carefully where alcohol is thought to be of value.

4. The value of alcohol as a medicine is not assured beyond all question; the evidence upon which it has been given will not stand the test of analysis or accurate clinical observation; and we should always be well assured of the diagnosis of the case, and have strong evidence sustaining its use as medicine in a given case.

THE HISTORY, SYMPTOMS, PATHOLOGY AND TREATMENT OF ANGINA PECTORIS.

BY FRED. HORNER, M.D.,
Of Salem, Va.

This disease was first described by an English medical author, Dr. Heberden, in the second volume of the "Transactions of the College of Physicians of London," in 1768, and is confined to no special locality or country, since the most learned authorities in America and abroad have recognized its existence. This disease is a more common incident in the hurly burly and excitements of modern life than is supposed, though it may be that the symptoms are not always recognized, especially when disguised by those of more serious affections. Perhaps, were the profession more familiar with its characteristic features, a clue would be given to

the true nature of many of the so-called heart diseases almost daily chronicled by the newspapers, and so fatal to those who travel on the cars and are engaged in the business centres of the country. According to the printed reports of the Pennsylvania Hospital for 1869, the only volume at this time accessible to the writer, among the 728 medical cases, not one of angina pectoris is recorded. Its rarity at St. Thomas, London, and Hôtel Dieu, Paris, which were visited in 1872, was equally remarkable.

Symptoms.—Angina, derived from the Greek *αγχα*, to strangle, affecting the chest, is thus graphically described by Tanner, "Practice of Medicine": "the suffocative breast pang consists of paroxysms of intense pain about the præcordial region, accompanied with a feeling of suffocation and fearful sense of impending death. The pain is described by sufferers as lancinating, burning or constrictive, radiating from the centre of the sternum to the neck, back, or to the left shoulder and arm. If the paroxysm come on while the patient is walking, instant pause and rest are necessary, the anguish is so great. The pulse during the attack is slow and feeble, breathing hurried; the countenance pale and anxious; the body covered with clammy sweat, while the consciousness is unaffected. After the struggle ceases the patient appears perfectly well; the seizure rarely exceeds a few minutes, may come on at any time, walking or in bed. The pain is severe and attended with a feeling as if life were about to cease. The suffering is always referred to the heart. The sensation is spoken of as a spasm. It is not dyspnœa that oppresses him, for generally the patient breathes freely and easily. His face is pale and haggard, leading one to suppose, from his appearance and actions, that he was at the point of death. Suddenly the pain will stop short, in a curious manner, either about the insertion of the deltoid muscle at the elbow or wrist, and sometimes in the course of the ulnar nerve to the extremities of the fingers." This affection may be confounded with asthma, or with organic disease of the heart and valves, subsequent to an attack of acute rheumatism. In its genuine form it is undoubtedly a very fatal disorder, perhaps furnishing, in this particular, a confirmation of the heterodox theory of Prof. Tyndall, that prayer does not avail for the cure of the sick. Statistics collected by Dr. Forbes show that in eighty-eight cases eight only occurred in females. In eighty-four of these cases seventy-two were above fifty years, and one seventh of the whole were under fifty. It is thus a disease of advanced life, a fact which carries with it a strong presumption that it depends on some organic change.

In some instances this disease is complicated by symptoms of gout, with which it is nearly allied, and a weakened heart. It is marked by considerable disturbance of the system, simulative of grave nervous derangement; the latter, however, is the sign or symptom of disease located in tissues, and one of the vital organs totally different.

Pathology.—This disease is always associated with serious organic cardiac changes, such as fatty degeneration of the muscular fibres, with partial obstruction of the coronary arteries, caused by ossific deposit or cartilaginous thickening of the semilunar valves, and preternatural softening of the heart. Professor S. D. Gross, "System of Surgery," in his description of the changes which the arteries undergo, says, "acute arteritis is sometimes an idiopathic affection, chiefly in persons of gouty or rheumatic predisposition. The disease is located in the internal membrane and sub-serous cellular tissue. The outer and middle coats of the arteries are thickened, and sometimes undergo fibrous, earthy and atheromatous transformations. The earthy is most common in old subjects, after the sixtieth year, though it begins to form as early as the fortieth. It consists essentially of phosphate and carbonate of lime in combination with albumen, often converting the vessel into a firm, inflexible tube, completely destitute of its natural attributes." The arteries affected in angina pectoris are the coronary, which contribute to the nutrition of the heart. When diseased as above described, in this affection, they fail to perform their function, and there is a state of innervation, and almost total arrest of the action of the heart. The sense of strangling or suffocation arises from the absence, as well as the lack, of arterial blood in the lungs, caused by the failure of the heart to transmit to them the vital fluid, though there remains a sufficient amount of blood in the brain to ensure a perception of sensation and intellection during the existence of a paroxysm. There is no loss of consciousness, but an exalted excitement of the brain and nervous system,

and it may be that the latter condition for a long period preserves the life of the individual, and ensures immunity from the sudden death which eventually overtakes him. In angina pectoris death is due partly to anæmia, in which there is an insufficient supply of blood sent to the heart, and partly by asthenia, where there is failure in the contractile power of the heart.

The *Treatment* is resolved into preventive and remedial. The patient should carefully avoid all exciting causes of the paroxysm, or disturbance of the circulation, all mental emotion and anxiety; a fit of anger caused the death of the celebrated John Hunter, who had this disease. Flatulence, which causes pressure upon the diaphragm, diminishing the proportions of the thorax and play of the heart, should be corrected. For a like reason, if an attack comes on at night, while the patient is in bed, he should promptly assume the standing position. Considerable relief is obtained from fomentations, antispasmodics, laudanum and ether combined, diffusible stimuli, ammonia, wine and brandy, and antispasmodics, such as camphor and chloroform.

R.	Spts. ether,	fl.ʒiss
	Ammon. aromatic,	fl.ʒij
	Tinct. camph. ammon. opii,	fl.ʒiss
	Aquæ camphoræ,	fl.ʒiv. M.

Two tablespoonfuls every half hour until the pain is relieved. Sinapisms and plasters of belladonna will help to relieve the suffering. Attention to the general health is important. The patient should be advised to abandon his profession or occupation, if such require any great deal of mental or physical exertion. He should abstain from alcoholic stimulants, tobacco, walking soon after meals, and over-exercise.

The following cases, which occurred in the practice of the writer, may be worthy of record.

Case 1.—Dr. R. H. L., aged 80, nervous temperament, gouty, temperate in habits. He had an extensive and laborious country practice. One year previously to Dr. L's. death, he began to suffer from the infirmities of old age and debility. His digestion failed, with loss of appetite and hepatic derangement, but not to the extent to compel him to abandon his profession. In the midst of intense suffering, during the intervals, he was wont to prescribe for numerous patients, whom he would visit in his carriage. The symptoms which have been detailed above as pathognomonic of angina pectoris, viz.; acute præcordial pain, pallor and prostration, recurring in paroxysms, with arrest of the hepatic secretion, all confirmed the true nature of the affection, and indicated a rational mode of treatment, though, for obvious reasons, it could be only palliative. A marked feature in this case was obstinate constipation. Death speedily closed the scene, by what Dr. Brown-Séquard has described as "a stoppage of the heart's action, caused by irritation of the inhibitory centre."

Case 2.—Mr. B., aged sixty-three, a clergyman by profession. His attack, commencing seven years previous to the period of his decease at the age indicated, began with symptoms of disordered stomach and dyspepsia, always worse after the effort of preparing and preaching a sermon, with severe pain extending to the extremity of the sternum, and syncope, compelling him for the time to desist from all mental and muscular effort, accompanied by inexpressible suffering and loss of speech. His ill-health, which began in 1869, continued until 1872, when he was urged by his physician to abandon his pursuit. He then passed the summer at the Virginia Springs, Orkney and Rawley, whose waters are chalybeate and saline, and greatly esteemed for the relief of invalids with diseases of the digestive organs. During the winter he went to Philadelphia, and subsequently to Alabama, with a permanent residence in Alexandria, Va. His general health was entirely restored, and with it followed the relief almost entirely of his cardiac symptoms, so much so that he considered himself well, and again resumed his ministerial duties. He complained, however, of occasional paroxysms of pain about the heart, sleeplessness, and more or less depression of spirits. Rest, recreation, travel and mild treatment with anodynes, chloral, for its valuable hypnotic effects, always brought him relief. While a complete recovery or cure may not be claimed in this case, which ultimately proved fatal, with symptoms of cerebral congestion, loss of consciousness, and freedom from the torturing pain which had marked his attacks from angina pectoris, the inference is clear that this affection may be controlled and greatly relieved by judicious treatment, the life of the patient prolonged for years with comparative comfort, and death may supervene from other causes.

GRANULAR LIDS.

BY H. S. SCHELL, M.D.,

Of Philadelphia.

The annual report of Wills Eye Hospital, for the year 1877, shows that of the 4594 new cases of all kinds of ophthalmic accidents and affections treated during the year, no less than 223 were registered as granular conjunctivitis. The occurrence of so large a number of instances of any one disease must ask for it our especial attention. But when the severe and disastrous character of the malady in question is taken into consideration, the demand becomes peremptory. These cases do not all arise in the city of Philadelphia. Many of them, indeed, the greater number, come to us from a distance, either from the interior of this State, or from some of the adjoining ones, and sometimes even from the far west. There is no doubt that the affection is contagious in its nature, and though most often found in the crowded dwellings of the poor, it is by no means confined to them. It may be carried anywhere. It seems at times to originate *de novo*, in places where defective sanitary arrangements, crowded apartments and insufficient or unattractive food combine to produce a lowered grade of vitality among the inhabitants. The mining and manufacturing districts have an unfortunate pre-eminence in furnishing these conditions, but the agricultural classes are not entirely exempt from such influences, and furnish their quota of blind persons, in consequence.

Most, if not all, of the cases make their appearance at the hospital with the disease fully formed, or in the advanced stages, and show too frequently the evidences of neglect or ineffectual treatment. The symptoms of the disorder vary somewhat in degree and character, although a general notion of them is well conveyed by the name of the affection. Most frequently there is an inflammation of the conjunctiva of the eyelids, accompanied by granulations, which are seen to cover the inner surface of the lids when everted for examination. A noticeable peculiarity of these granulations is that they are pale in color, and somewhat translucent, resembling, to a certain extent, frog spawn. From these typical appearances, however, the granulations may vary, on one hand to fine papillary, almost velvety, elevations, on the other to a diffuse infiltration of the conjunctival tissue, nearly resembling cartilage. The granulations, of whatever size or variety, are usually smallest and least frequent along the free tarsal border, and increase in size as they approach the posterior margin. Along the edge of the retro-tarsal fold they become most exuberant. The advent of the affection is sometimes marked by a catarrhal ophthalmia, which either obscures the real disease, or leaves it behind as a sequel. More often, however, attention is first attracted to the patient by complaints of photophobia, or of dimness of vision, which is seen to be the result of commencing corneal disease. In any case there is a discharge from the eye, varying according to the violence of the accompanying inflammation, from a scanty, pale and watery effusion, to a considerable flow of muco-purulent matter, which collects among the roots of the cilia, and glues the lids together in the mornings.

Sometimes complete recovery takes place, especially in children, but as a general rule, unless the malady is opposed by early and vigorous treatment, the conjunctiva finally becomes dry and hard; the papillary portion becomes replaced by cicatricial tissue disposed in an irregular network of hard lines. The mucous membrane loses its softness and pliancy, and becomes stiff and fibrous. The whole conjunctival sac shrinks, the edges of the lids contract, the eyelashes fall out or grow in erratic directions, some turning in and irritating the ball, constituting the affection called trichiasis. The lids may become permanently inverted or everted. The ducts of the meibomian glands shrivel up, and the accumulation of deranged secretion forms small cystic tumors, which often inflame and suppurate. Sometimes the lids become thick and gelatinous, the levator muscles can no longer move them easily, and a sort of mechanical ptosis supervenes, which remains even after the affection which caused it has passed away. The cornea, constantly rubbed by a rough and granular or a dry and hard tissue, instead of the normally smooth and supple mucous membrane, or continually scratched by the so-called wild hairs of trichiasis, becomes first irritable and then inflamed. This inflammation may proceed, on one hand, to the formation of ulcers, which perhaps penetrate the cornea and lead to entire loss of the eye, or at best to prolapse of the iris and the production of an adherent cicatrix with impairment of vision. Or, on the other hand, the cornea may become thickened, opaque, and covered with blood-

vessels, forming the condition known as pannus, which may eventually terminate in thinning of the cornea, giving way of its fibres, the formation of anterior staphyloma, with possibly final rupture of the weakened tissue, and more or less complete loss of sight.

We have said that there were 223 new cases of granular conjunctivitis reported, but among other new cases applying at the hospital for treatment during the last year there were also of blepharitis, 176; abscess of lids, 19; atheromatous cyst, 7; tarsal tumor, 84; trichiasis, 3; entropion, 16; ectropion, 18; vascular keratitis, 36; pannus, 8; maculæ corneæ, 78; adherent leucoma, 13; other leucomas 8, and corneal staphyloma 37. These additional cases sum up the respectable figure of 503, and a very large proportion of them are unquestionably the result of the malady under consideration.

Of course, if early, judicious and vigorous treatment be adopted in granular lids these distressing sequelæ are generally avoided, and the patient regains his normal vision. Hence the importance of everting and carefully examining the inner surface of the lids in every case of inflammatory disease of the cornea or conjunctiva. If the granulations are well marked the mitigated stick of lunar caustic (one part nitrate of silver to two parts nitrate of potash) should be applied to them daily. The excess of the salt should always be washed off with water, or salt and water, before the lids are returned to their natural position. Any especially exuberant granulations may be snipped off with the scissors. If the granulations are fine or diffluent in character, a ten-grain solution of nitrate of silver may be a sufficiently strong application. And as a case improves and the excrescences still more diminish in size, weaker solutions may be substituted, even down to two grains of the salt to the fluid ounce of water. When nothing is left but a relaxed condition of the membrane, applications of a crystal of sulphate of copper, or the use of the glycerite of tannic acid, act more satisfactorily than anything else. The existence of pannus or other corneal complication is no contraindication to the vigorous treatment of the lids.

A cardinal point in the management of these cases is to prevent the disease from spreading, by causing the persons living in the same house with the patient to avoid transferring the contagious discharge to their own eyes. The patient should have his separate towel and wash basin, and if the disease is at first confined to one eye only it may generally be kept out of the other by the use of obvious precautions.

1802 *Chestnut street.*

Hospital Reports.

PENNSYLVANIA HOSPITAL.

CLINIC OF PROF. J. M. DA COSTA,
NOV. 17TH, 1877.

SPECIALLY REPORTED BY FRANK WOODBURY, M.D.

Salicylate of Soda in Rheumatism.

Gentlemen: Before bringing in any new cases, I will briefly direct your attention to a patient you saw one week ago, in order to show you the effects of the treatment. Patrick I, Irish, 34 years of age, shoemaker. He had suffered from pain and successive involvement of the large joints, for about one month before we saw him, although only one week confined to his bed. His history you remember. When you saw him last, he had fever, associated with pain and swelling in the ankle joints, and in the right shoulder and back. His temperature on admission was 101½° (F); urine clear, not albuminous. We observed a slight murmur at the apex, of beginning endocarditis; not an unusual complication, as you know; indeed, I doubt if a well marked case of rheumatism ever exists without it. I mention this point to show that this was, in every respect, a marked case of rheumatism. Salicylate of soda was given, a scruple every three hours. Under this treatment, the pain and temperature alike rapidly declined. With this great relief the appetite and general condition began to improve. The remedy agreed with the patient, but as he improved it was reduced to three times a day. There was subsequently a slight relapse, which was promptly overcome by increasing again the doses of the remedy.

This man is now perfectly well. This is only the 17th of the month; he first took his bed on the 3d; the attack, then, has ceased on the fourteenth day of the illness, only the last six days of which has he been taking the salicylate of soda.

You will be interested to know what has become of the cardiac difficulty, the incipient endocarditis. Upon auscultating our patient this morning, we find that the first sound is still defective, but without distinct murmur. If we compare this observation with our previous notes, we can only positively say that it now approaches less nearly to a distinct murmur. It is seen that the threatening endocarditis did not fully develop into a decided attack.

You know that this treatment of rheumatism by salicylic acid and its salts is comparatively a

new one. I will not say that I have entirely and fully accepted this new treatment. I claim for it, however, that where it acts, it does so with great rapidity. Summing up my present belief, I would say that where you have a case which is on salicylic acid, and does not do well in three or four days, abandon the treatment. It acts by lessening the pain and reducing the temperature, therefore, on the fever processes as well as on the rheumatic poison. It certainly gives marked relief from the articular pains, but I have noticed in some cases a decided depression following full doses.

I have endeavored to obtain a method of giving salicylic acid in solution, which would be pleasant and not disagree with the stomach. I now use an agreeable combination which, at the same time, holds it in solution. I will not stop to discuss the pharmaceutical questions in regard to the chemical considerations involved, but will merely state that the form that I have found to best answer this purpose is salicylate of soda, where we have the acid in a soluble form, agreeably administered in the following formula:—

℞.	Sodii salicylat,	gr.xx	
	Spiritus lavandulæ,	♏ xv	
	Glycerin,	f ʒj	
	Aquæ,	ʒss.	M.

This prescription was given every three hours, in the present case, until the amelioration occurred. He may now discontinue its use entirely, and take six grains of quinia daily, with good food, being careful, for some time, to avoid exposure to cold and wet.

Double Hemiplegia, from Embolism, Distinguished from Tumor of Base of the Brain.

I have next to show you a case of considerable clinical interest. Charles B., an American, thirty-six years of age; machinist. He has only been in the hospital since the 28th of last month. It is a recent case. We have obtained a full history, with some difficulty, as his mental condition is none of the best. His family history is good. With the exception of diseases of childhood, he was always well until one year ago, when he had what he says was heart disease, due to hard work and overexertion, but he had no rheumatism nor fever.

About a twelvemonth before admission he had two venereal ulcers, but no secondary symptoms; he did not receive medical treatment. Therefore, while we have underlying this case a history of syphilis, we have no evidence that these sores were of the infecting kind, as there were no constitutional symptoms. Up to his present trouble he complained only of palpitation of the heart. Now, this man has much hard manual work to do; but, notwithstanding this, he represents himself as being a strong, robust man.

Six weeks ago he had some flying pains in the right forearm, and a fortnight later, one week before entering the ward, while in his usual health, except that the right arm was slightly lame, from the rheumatic attack, he suddenly fainted while at his work; he simply lost consciousness for four or five minutes; there were no apoplectic manifestations, no biting of tongue, no convulsions nor noisy breathing. His friends threw water in his face and he came to gradually.

You have heard what he said about the attack, and you will notice that he returned to his work. There was no paralysis, but his head felt wretchedly. He continued at his work, although not being well. Walking home, still feeling miserably, he said that he could not feel the ground under his feet; the pavement seemed to be jumping up and down. He had also singular disturbances of vision; objects looked double. There were no noises in his ears, nor deafness. He insists that all of these symptoms did not come on immediately after the accident, but with a few days intervening, and as gradually passed off. He had no muscular twitchings; his sleep was undisturbed.

To sum up our experience, we may say that the man gave a history, on entering the hospital, very much as I have stated it, but since then his memory and mental condition have greatly improved, and he confirms and particularizes the history. We will make some further observations.

Grasp of the right arm is poor. He moves his legs pretty well in bed, but on standing there is evident loss of power in them; in fact, there is general loss of power on the right side, but there is also less obvious impairment in the left leg. The case may then be summed up as one of hemiplegia of the right side, with some loss of power in the left leg. That is, as regards motion. Sensation we have carefully tested, and find it but little affected; if anything, there is a slight difference in favor of the left side. We have also tested with the battery, and find a slight impairment of contractility on the right side. We noticed, upon admission, some facial palsy, which has since passed away. To make the report complete, we may say that the urine has been examined and found to be normal. In the heart there is a harsh systolic mitral murmur.

I have now laid the case before you. What is the matter with the man, and what is the prognosis? The prognosis will depend upon the diagnosis. I will now attempt to make a statement of the condition of the brain. You have heard the nervous symptoms, and the results of testing sensibility. What is the difficulty with the patient?

There are two views which may be held, regarding this case. On the one hand we see that the man has syphilis, on the other that he has a marked heart difficulty. We may assume that this man has syphilitic brain disease, or that he has some difficulty in the brain which originated in the heart, and that would be cerebral embolism; a clot washed into the brain. These are the two views before us—first, syphilitic brain trouble, and second, cerebral disorder due to an embolus—which we propose to discuss.

Gentlemen, when syphilis invades the brain, it is generally in the form of tumor, more rarely in that of meningitis. It is not likely that either tumor or meningitis would suddenly appear in a strong, robust man, without previous notice; although we sometimes do meet cases where brain tumor exists for some time without any symptoms, and then suddenly breaks forth. It will generally be found, on careful investigation, that, even in such cases, there has been previous headache; the premonitory symptoms have simply been overlooked or forgotten. In this case there has not been any preceding pain in the head, except that he was subject to it about eight years ago, for a short period. As there have been no symptoms in the meantime, I will not lay great stress upon this statement; especially, since he has been under treatment in the meantime, it is not likely that such symptoms would be overlooked by his physician.

You may ask if a syphilitic brain affection must be either tumor or meningitis. I would say, in answer to this question, that we may have syphilitic apoplexy in young persons. But in such cases, we have the usual symptoms of apoplexy from rupture of vessels, which are absent here.

From this rapid review, I think we may exclude syphilitic disease of the brain. We now will consider the diagnosis of embolism. What is then in favor of this view? The disease of the heart would suggest this explanation. We have here a condition favoring this, also, in the nature of the attack, the man suddenly fainting and remaining unconscious for several minutes. During this period a part of the mitral valve vegetation may have been washed to the base of the brain, or, secondly, part of a clot may have been carried by the vessels to this situation. It is immaterial, for present purposes, that we should distinguish between these two; it is simply a matter of speculation. The result is the same in either case. Where is the plug deposited? Generally in the left middle cerebral artery and corpus striatum. This would explain the head symptoms; but how shall we account for the double paralysis. It is a peculiarity of embolism that part of the clot may have been washed to both sides of the brain; this is part of its clinical history. Or, at all events, the clot on one side may have deranged the circulation in motor centres on both. Another circumstance favoring cerebral embolism is that there was not much headache. I may also state that, upon examination of the eyes, no choking of the disc was discovered; this is a point for embolus and strongly against tumor.

We have, therefore, a very clear case to offer you, where a clot washed into the vessels of the brain produces plugging, and secondarily paralysis. One other condition might be discussed, which, however, will not affect either the prognosis or the treatment. I refer to cerebral thrombosis, a primary coagulation occurring in the brain vessels, independent of any heart influence. I will not stop to discuss it, as it will not affect our theory of the production of the nervous symptoms and condition of the nerve centres. Now, what are the consequences? Given a case of plug washed into the brain, forming a clot, or a clot forming in the vessels of the base; what are the chances of recovery? The risks are: first, suppose the blood supply is entirely cut off from any other part of the body, the hand, for instance, the hand will become gangrenous. The same result will occur in a portion of the brain if the blood supply is stopped, unless the circulation be speedily reëstablished. You will have local gangrene, acute brain softening. But does this always happen? No. Just as in the hand the collateral circulation may supply the part, so in the brain, the vessels may correct the defective nutrition, and the part resume its functions. Or, the clot may be absorbed and the circulation be freely resumed. Can we say positively what will happen, whether softening or absorption? This is a problem which cannot be solved in advance, in any given case. But you may have a prognosis with considerable certainty, nevertheless. When I find that the paralysis is slight, and rapidly yields, I conclude that a favorable prognosis may be given, as the nutrition of the affected area in the brain is not seriously or permanently disturbed.

Now, how are we to treat a case of cerebral embolism? one where a clot has been washed from the heart into the cerebral vessels? We must keep the patient in perfect quiet, in a recumbent posture. Food should be non-stimulating, but nourishing; it may consist largely of milk and eggs. In the way of medicine, it is customary to give large doses of alkalies, on the supposition that they favor the absorption of the clots; this treatment has even been recommended for heart-clots. Although I may say that I am not fully convinced of the truth of this theory, I know that it will do patients no harm. Therefore we will adopt this plan, and the article chosen shall be the acetate of potassium, which is also a diuretic, and will depurate the blood. We must not forget to keep up nutrition, for which part of the brain is suffering. The question comes up, will cod-liver oil be beneficial? I think it would, and therefore, after a few days, no matter what is the effect derived from the local treatment by friction and electricity, I will place our patient upon the usual dose of cod-liver oil.

—A French reformer has laid before the Chamber at Versailles a project for increasing the number of marriages in that country. He demands that every Frenchman who, between 35 and 40, still persists in remaining unmarried, shall be deprived of his rights as an elector. This is revenge in prospective for the ladies. With such a law they would have the now jolly bachelor kingdom in chancery. Instead of "apologize or fight" they could say, "marry us, or be disfranchised." But we fear the world isn't advanced enough yet for such poetic justice.

Editorial Department.

Periscope.

Management of the Third Stage of Labor.

Dr. Jamieson, of Peterhead, gives, in the *British Medical Journal*, some hints on the management of the third stage. He stated that is was essential that the third stage should be rendered complete and thorough. There were many accidents which prevented this; or knowing we had accomplished it, without a manual examination of the interior of the womb, the placenta might be in detached cotyledons, and one might be missed; or the membranes might be so ragged and torn as to allow part to remain, without any suspicion of the fact. The uterus did not contract as a regular sphere, but first at the internal os; and thus it was easy to see how any portion of the secundines detached, or but slightly adherent to the main mass, might be intercepted. Portions of the membranes were frequently grasped while the placenta was being extruded. The longer the placenta remained in the uterus, the greater was the amount of blood issuing from the sinuses; as, until the placenta was removed, the uterus could not complete its contraction. The old doctrine of the whole uterus being denuded of mucous membrane must be given up, the only part left bare after parturition being that to which the placenta was attached; and this was the only part specially liable to septic influences. There was nothing very daring, then, in the mode of treatment he proposed, which was, in every case of labor, after the second stage was complete, the cord tied, and the child removed, to pass the hand up to the fundus of the uterus cautiously, pressing gently against the internal os if impeded by it, and sweeping entirely the interior of the organ, so that nothing could be left of an injurious character, and inducing natural action if the contractions are feeble or irregular, the other hand being at the same time placed externally on the fundus. If the placenta were found lying in the vagina, it was unnecessary to carry the hand into the uterus; but the hand in such a case should be carried up to the internal os, to make sure none of the membranes were imprisoned by it, and, if they were, the os was to be gently pressed and fingers closed on the membranes, so as to "slide" them free. When the placenta was found half within and half outside the os, the sooner release was effected the better, for the part inside, being detached from the uterine wall, was preventing the contraction of the uterus, and so allowing avoidable hemorrhage to go on. In such a case gentle pressure on the os readily permitted the entrance of the hand, which, reaching the distal portion of the placenta, swept it away along with the rapidly-forming clots. The kind of placenta in this position was usually that consisting of straggling cotyledons. It was necessary to introduce the hand early, as the os internum began to contract very soon after the expulsion of the child, and imprisoned the secundines either wholly or partially. If the hand were introduced at once little blood was lost; and this was in striking contrast with cases in which the placenta had to be removed some time after the birth of the child. Again, in cases of early removal of the maternal face of the placenta the membranes contained scarcely any blood; while, on the other hand, after delay they invariably contained coagula of more or less size. The membranes were sometimes an obstruction to the investigating hand, which should be insinuated and turned in such a way as to avoid them. When the os internum was obstinately obstructive the fingers were to be rested against it, cone-shaped, till it yielded, which it did gradually; and then the hand was to be insinuated gently, the other hand grasping the fundus externally. After everything had been removed a tightly-rolled-up petticoat, made into the form of a cylinder, was to be placed against the dependent side of the abdomen, the woman being cautioned to keep close to it. The author alleged of his method: 1. That it preserved the life-blood of the woman; 2. That it obviated the chance of inversion; 3. That it defeated the possibility of those terrible occurrences which produced septicæmia, and too often ended in death. He allowed that pain was produced by his method, but maintained that this was but another pang of the second stage, which was soon over, except in those cases where it must have been had recourse to at a later stage, when the pain would have been increased tenfold and the difficulty much greater. The single pang gave an immunity from dangers dreaded by experienced practitioners more than any of the pains of childbed.

Treatment of Apoplexy with Heart Disease.

Some years ago Dr. Beneke pointed out the benefit to be derived in cardiac affections, especially those following on articular rheumatism, from the use of warm saline baths, impregnated with carbonic acid. His observations are fully borne out by the physicians at the baths of Nauheim, who find these baths beneficial, not only to the rheumatic affection, but also to the attendant heart disorder. Dr. Groedel (*Berliner Klinische Wochenschrift*, March 11th) has further found that these baths are useful in cases of (so-called) apoplexy accompanying heart disease. They soothe the

exalted action of the heart, while the paralytic symptoms and general health undergo marked improvement. A case in point is singled out from many others as having been continuously in observation. It is that of a lady, aged 49, who, when 18 years old, had a severe attack of articular rheumatism, which left insufficiency of the mitral valve. Five years ago she had a slight apoplectic seizure during the night, which passed off in a couple of hours; and since then such attacks recurred at intervals, until three years ago she had an unusually severe one, followed by complete hemiplegia of the left side, with long continued unconsciousness. In a few days these symptoms passed off again, with the exception of the hemiplegia. The case was, doubtless, one of cerebral embolism rather than of apoplexy. She was ordered to use the above saline baths at a temperature of 88° F. every other day, which was continued for seven weeks. Under this treatment, the heart's action, previously very irregular, became almost normal, and all œdema which existed before disappeared. This favorable state of things continued until the following winter, when palpitation, œdema, etc., returned, but were again relieved during the ensuing summer. There has been no further symptom of embolism.

Dr. Groedel concludes that, in cases of true apoplexy, especially those occurring in consequence of atheromatous arteries, the use of the warm saline baths is inadmissible, since they tend only to increase the blood-pressure on the weakened arterial walls. On the other hand, these baths can only be useful in cases of cere bral embolism, with consequent paralysis. For, by the increased action of the heart, the blood-current is hastened, and thus the formation of coagula and deposit is prevented, since this can only occur in a sluggish flow of blood. Moreover, when a part of the cerebral substance has its supply of blood cut off by an embolic clot, and so becomes atrophied, an increase of blood-pressure may yet restore it. Nutrition through a collateral circulation, and a removal of the loss of power, etc., result.

A Discussion on Hodgkin's Disease.

An interesting discussion on this obscure disease, took place at a late meeting of the Pathological Society of London. Dr. Wilks exhibited to the Society the original specimen of lymphadenoma on which Dr. Hodgkin wrote the first account of the condition as a distinct disease, and reminded the Society of the remarkable fact that this paper of Hodgkin's lay buried in the *Medico-Chirurgical Transactions* for more than twenty years. It was Dr. Wilks himself that "unearthed" Hodgkin's paper; and in exhibiting the original specimens at the Pathological Society, he pointed out how accurately Hodgkin had described the disease, and proximately appreciated its nature. Hodgkin not only recognized the glandular disease that bears his name as a real "disease," but described it as a "primitive," and not a secondary enlargement of the glands, non-inflammatory, non-malignant, but a general uniform enlargement. Hodgkin further appreciated the true nature of the growths in the spleen as a hypertrophy of normal structure, which at that time had not indeed been discovered in the human spleen. Bright, who followed Hodgkin, seems to have had less clear views upon the splenic change. It was not until 1853 that the first specimens of lymphadenoma were exhibited at the Pathological Society, and we need not be surprised to learn that they were for a time considered malignant. Dr. Wilks, after giving the history of the pathology of Hodgkin's disease, indicated several directions in which information might be furnished during the present discussion. The relation of lymphadenoma to malignant disease is obscure; and the condition of the blood, and the relation of lymphadenoma to leucocythæmia, require to be more clearly defined. Dr. Wilks pointed out what we believe is perfectly true—that a notion prevails, that there is marked increase of the white corpuscles of the blood in Hodgkin's disease; in other words, that Hodgkin's disease is often confounded with lymphatic leucocythæmia.

On Telegraphists' Cramp.

This affection is described by Dr. Onimus, in the *Gazette des Hôpitaux*.

It is chiefly observed in those engaged in the manipulation of Morse's machine, and seems to arise from the difficulty of coördinating the motions which are required alternately for the formation of the dots and the dashes. Much depends upon individual temperament and the condition of the nervous system, as the existence of more or less irritability seems quite as necessary for the production of this cramp as the frequent repetition of the same movements. Some employees who are naturally nervous and excitable have the cramp after only a short time of service, their general health suffering at the same time. The same circumstances operate in writers' cramp, this especially occurring when a great number of letters or despatches have to be executed in a given time, under a state of feverish activity. The direction of the movements also exerts an influence. An employee successively employed the thumb, the index, and the median finger, each of these manipulating during two or three months, but one after the other then being seized with the cramp. He then used his wrist, which after a while also refused service. As the expeditionary despatches are manipulated by a movement of the entire hand as well as of the fingers from above downward, when these vertical movements had become difficult an employee contrived a means of acting on the lever in a horizontal direction, by means of a thread stretched from a point of support to the lever. For a while he was able to forward his despatches, but these new movements soon became embarrassed, and gave rise to the cramps.

The symptoms of the affection are more easily and more rapidly produced in women. The general symptoms consist principally in palpitations, vertigo, sleeplessness, perhaps impairment of vision (most of the older and laborious employees wearing spectacles), and a sense of constriction opposite the nape of the neck, seeming to hold the back part of the head in a vice. This sensation is not uncommon in men of business rendered ill or over excited in important transactions in commerce, and it is especially met with when attempts are made to force intellectual functions that are already fatigued. To a state of over-excitement succeeds one of depression and melancholy, and moral and physical atony. Memory becomes bad, and, according to some, insanity may, in the course of some years, supervene on this pathological condition. During the progress of this pathological state the transmission of despatches presents some curious peculiarities, dependent on reflex movements produced by habit and in an unconscious manner. The hand does not always obey the determinations of the will; a word badly read is often correctly transmitted. On the other hand, an employee whose mode of transmission is naturally slow is not always, when dozing, interrupted in transmitting to his correspondent the ideas accompanying his half-dreamy state, for he continues to act on the lever and expedite his despatches. In some cases there exists, too, a state of things quite the opposite of spasm and rigidity, for the hand proceeds more rapidly than the will, and performs a series of movements which are coördinated and decipherable, but too rapid. It is especially after the manipulation has lasted for some time that these phenomena may be produced. Normally, it is only after an hour of work that the manipulation attains its maximum of rapidity.

A Case of Pernicious Anæmia.

An instance of this obscure condition was reported recently, to the Pathological Society of London, by Dickinson. The patient, a gentleman of high rank, was under the care of Sir W. Gull. He was born in 1804; married at the age of twenty-two; became a widower at fifty-six, with no children; married a second time at the age of fifty-eight, had five children, and enjoyed good health until the beginning of 1872, when he began to suffer from bloodlessness and extreme debility, and died in July of the same year, at the age of sixty-eight. He had no cough or dyspnœa; the liver was not enlarged; intestinal evacuations were normal, but infrequent; the urine was normal; the temperature not increased. He seemed to suffer from progressive bloodlessness and loss of strength, which no treatment could improve, and he died from syncope. He was seen by many leading physicians, and many different opinions were expressed as to the nature of his case. Sir William Gull said that, in his view, the case was one of spontaneous bloodlessness, and he did not think any obvious organic change would be found after death, except, may be, in the suprarenal capsules. Dr. Dickinson was requested to make the post-mortem examination, and he found an extremely marked pallor of the surface, a trace of œdema about the ankles, but no emaciation; in fact, there was a large amount of fat in the abdominal parietes and omentum. The lungs were slightly emphysematous; the heart flabby and relaxed, with slight fatty degeneration of its muscular substance, and a little fibroid thickening of the valves. The liver was not enlarged nor obviously diseased; a small cyst, with clear, aqueous contents, occurred in the left lobe, and four gall stones occupied the gall bladder. The stomach and intestines were natural. The spleen weighed about ten ounces, and was extremely diffluent, the pulp containing a number of cellular forms, but few red corpuscles and crystals of hæmatin. The suprarenal capsules weighed three drachms and one drachm respectively, but were free from morbid changes. The absorbent glands were small; the kidneys slightly roughened on the surface. The blood examined after death showed a general deficiency in corpuscular elements; it was very pale in color, and formed soft, pale coagula.

The Early Operation for Ruptured Perineum.

Mr. E. S. O'Grady, of the Mercer Hospital, Dublin, recommends early operations in cases of perineal rupture. An illustrative case of his treatment is given in a late number of the *British Medical Journal*:—

A woman, aged 25, had sustained an extensive laceration of the perineum, opening into the anus, at her confinement, three weeks previous to the operation. On admission, the wound was but slightly healed, the greater portion of its surface on both sides was granulating freely. The operation was planned so as to make broad strips of raw surface, corresponding to each other in breadth, on the opposite sides. Where there was mucous membrane, this was dissected back and saved; but the major portion of the field of operation was in a condition of granulation, and this was dealt with by transfixing these structures with a sharp knife and shaving off the face. The very moderate hemorrhage soon subsided, when four deep quill-sutures of strong silk, and four superficial stitches of carbolized catgut were inserted. The former were removed after eight days; with the latter it was not necessary to interfere at all. The entire wound healed soundly, and primary union occurred, except a very small hole at the posterior extremity; this granulated kindly, and soon closed in. At the time of the operation, the woman was pale, anæmic, and altogether in a condition of depreciated health, a circumstance which adds to the interest of the operation, performed as it was at so exceptionally an early period after the confinement.

THE

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THE OPPOSITION TO GENERAL VACCINATION.

From the first of July, 1876, to the close of April, 1878—twenty-one months—the deaths from small-pox, in the city of London, numbered 4118. In the month last mentioned the epidemic continued without much abatement, the deaths being nearly ten per day, and the admissions into the metropolitan hospitals, of small-pox cases, about thirty per day.

These are unpleasant statistics, and have been differently interpreted by different writers. The leading medical journals condemn the sanitary authorities as apathetic and indifferent, not insisting on general and thorough vaccination, and early segregation of cases. The anti-vaccine leagues, on the other hand, assuming that the law of obligatory vaccination has been carried out, point triumphantly to this mortality and wide-spread sickness as proof that vaccination is powerless to stay the advance of the epidemic. This party, though small in numbers, is loud-voiced, and has, moreover, a perverse taste for martyrdom. One prominent member of it has been imprisoned seven times, for refusing to have his children vaccinated.

The same spirit of opposition to obligatory vaccination is prevalent in Germany and Switzerland. In a recent copy of the "*Bund*," a paper published at Berne, is a long petition against the statute requiring general vaccination. This protest is written in a popular style, by Dr. F. GERMANN, "Professor of Medicine in the University of Leipzig," and is well calculated to "fire the popular heart," as the saying goes, on the subject.

The accusations the Professor brings against vaccination are, that it is but a slight and occasional protection; that it leads to anæmia and scrofulosis; and especially that it introduces syphilis into the system. On this he makes his strongest point, quoting the instance of a number of healthy, blooming school girls "rendered through and through syphilitic" by impure virus. Then he charges it with increasing consumption, and the like.

These are not new accusations; on the contrary, they have been advanced, and examined over and over again. They are not without foundation, but in articles like the one we refer to, they are greatly exaggerated, and set forth in a false light.

Many of them can be avoided by using lymph obtained direct from heifers. This, Dr. GERMANN does not exactly deny, but he justly says that when the lymph so obtained is the product of vaccination of the cow with humanized lymph, we have no certainty that the diseased germs may not be transmitted through the blood of the lower animals. The only genuine vaccine lymph is that which is propagated by inoculation from idiopathic caces of vaccinia.

Recent statistics gathered by Dr. F. R. STURGIS, of New York, seem to show that about five per cent. of the population of our great cities is infected with some form of syphilitic disease, acquired or congenital. This means that probably one in twenty persons vaccinated produces a crust or lymph capable, under certain conditions, of conveying the syphilitic poison. Certainly, such a consideration must "give us pause." In view of it, the wonder is that so few instances of vaccinal syphilis are reported.

Notes and Comments.

Treatment of Umbilical Hernia in Infants, by Adhesive Plaster.

The treatment of umbilical hernia in young children is rendered, in many cases, unsatisfactory and futile, because of the difficulty in retaining a compress over the umbilicus. The reason of this is in great part due to the continued mobility of the abdomen, either from crying, coughing, or other motions of the body, and any of the varieties of truss or bandage often illy serve their purpose. To remedy these difficulties, a device has been recommended, which, although quite simple, has proved exceedingly effective. It consists in binding a compress over the umbilicus by means of a strip of adhesive plaster; this method prevents the chafing, which is an unfortunate result in nearly all hernial devices for infants. A compress, of requisite size, and composed of a pledget of lint, is placed over the reduced hernia, and then a strip of adhesive plaster, two inches wide, and of a length corresponding to two-thirds of the circumference of the body, is applied over it. After being once applied, the mother of the child will be able to renew it as often as it becomes necessary.

On So-called Homicidal Mania.

Dr. Blanche, of Paris, in a late paper before the Academy, laid down the following propositions:—

1. No form of insanity exists to which the name of "homicidal mania" ought to be attributed. 2. Homicide may be committed by the subjects of various mental affections, on the condition that they are liable to the crises of excitement termed "congestive," of sufficient intensity. 3. These crises, of variable intensity and duration, are exhibited by signs which should always excite distrust; and even when they pass away without having led to murder or serious violence, the medical attendant must still be on his guard. 4. Alcoholism and epilepsy are the conditions in which mental perversion is most usually accompanied by the most marked crises of this kind. It is under their influence homicides are oftenest perpetrated. The *délire des persécutions* and suicidal monomania also present pretty frequent examples. 5. Patients attacked by cerebral affections, whether congenital or acquired, characterized at first by physical symptoms, and later by more or less vague disturbances of the disposition and intellect, may become the subjects of these crises of excitement, and commit under its temporary influence murders or acts of violence, in disaccord with their pathological condition during the long intervals which separate the crises."

Injurious Effects of Narcotics in Insanity.

A leading authority, Dr. James Maclaren, says, on this subject—

"It has struck me very forcibly that in attacks of acute mania the recovery has been more rapid and the intellect much clearer and brighter where narcotic medicines have been avoided. They undoubtedly may produce temporary quiet, but the condition in many cases seems rather one of stupefaction than anything else. The dull, hazy, muddled condition in which large doses of chloral and other similar

drugs leave a patient is certainly often not a very hopeful state as regards the ultimate recovery of nervous tone; in fact, it has often seemed to me that the combined effect of acute excitement and large doses of narcotic medicines has been something bearing a strong resemblance to a complete wreck.

Sclerotic Acid in Fibroids of the Uterus.

At a late meeting of the London Obstetrical Society, Dr. John Williams related two cases of uterine fibroid treated by sclerotic acid. This acid readily dissolves in water, and in so far differs from ergotin. A woman, aged 34, had suffered from severe flooding for some time. A fibroid tumor was detected, and half-grain doses of this acid were injected under the skin of the abdomen twice a week. The flooding was much reduced, when the woman went into the country; and then it returned. When she came back to town and the acid was again injected, the flooding was checked as before. The tumor was reduced in size. Like results were attained in a similar case, including a decrease in the size of the tumor. The injection caused some little pain at the time, but that was all. It was followed in about half an hour by uterine pains.

The Prognosis of Puerperal Insanity.

In an article on this disease, by Dr. Ripping, in the *Irrenfreund*, he says: Prognosis is more favorable in puerperal cases than in all cases of insanity in women taken together; but the author's figures do not show so high a proportion of recoveries as has usually been given. He attributes this to a more strict distinction between cases discharged recovered and those only improved, than used to be the case. Of the patients suffering from mania, 62 per cent., and 33.6 per cent. of those with melancholia, recovered. The combined forms afford the least favorable prognosis; of the cases described under the second group, not one recovered. Heredity does not appear to exercise any special influence on the prognosis. Figures show that the earlier the patients are brought under treatment, the greater is the percentage of recoveries. Subsequent attacks of insanity are always more favorable as regards prognosis than primary ones. The average duration of the attacks in the patients who recovered was—for melancholia ten months, and for mania seven months.

Development of the Cranium in Doctors.

In a paper by MM. Cliquet and Lacassagne, read at the Société de Médecine Publique, they state the results of some measurements which they have made at the Val-de-Grâce, by aid of the *conformateur*. They were made on the heads of 190 military doctors, 133 soldiers able to read and write, 90 soldiers unable to do so, and 91 prisoners. The following are the means of the figures in centimetres :—

	Doctors.	Lettered Soldiers.	Illiterate Soldiers.	Prisoners.
Longitudinal diameter	85.29	81.97	79.13	81.10
Anterior . . .	48.91	43.65	42.35	41.12
Posterior . . .	52.58	49.66	50.27	49.90

The differences in favor of the doctors over the illiterate were 4.50 in the longitudinal diameter, 6.37 in the anterior, and 2.82 in the posterior. The development of the frontal region was 6.37 more considerable in the doctors than in the illiterate. The asymmetry of the two halves of the cranium, which was constant, differed. In the literates the left part of the frontal region was most developed, while in the illiterates it was the right part of the occipital that was so. The occipital region was always most relatively developed in the ignorant.

The Use of Thymol in Surgery.

A lecture on this subject has been published in Volkmann's series, by H. Ranke, of Halle. The solution used instead of the 3 per cent. solution of carbolic acid, consists of one part thymol, ten parts of alcohol, twenty of glycerine, and a thousand of water, and can be employed as either a spray or a solution. An impregnated gauze is also used. Since thymol does not irritate the wounds, the gauze may be laid directly upon it; otherwise the same method is employed as in Lister's plan. If the gauze becomes hard and dry, it may be moistened once or twice a day with thymol water. In order to prevent the evaporation of the thymol from the dressing, the gauze is covered with oiled paper. From an experience of forty-one wounds dressed with thymol, the lecturer concluded that the method leaves nothing to be desired as to its antiseptic effect, and that it answers better than the carbolic acid dressing, since the secretion from the wounds is less, the period of healing shorter, and the cost of the dressings is smaller. Further, it has no poisonous properties, and eczema was never observed in its use.

Correspondence.

A Case of Puerperal Peritonitis.

Ed. Med. and Surg. Reporter:—

Pertinent to the interesting article of Dr. Hamilton, of June 1st, it may not be amiss to briefly report a case of puerperal peritonitis, now fairly convalescent, the first one treated by me in a practice of twenty-two years, and, if memory serves me, the only case of which I have cognizance. It is well to premise that from March measles have been epidemic, and since April erysipelas of severe type has occasionally manifested itself; that through the winter more than the ordinary number of cases of tonsillitis have presented themselves; that dysentery, of which we have some from early in May to the middle of June, annually, has been more frequent, and of a more intractable type, than usual; and that, for the first time in seven years, I have seen three cases of enterocolitis.

Here, though not germane to the matter in hand, I wish, as I do not in these latter days often "take my pen in hand," to refer to the treatment of tonsillitis as advised by Dr. Fritzinger, of Pennsylvania, in the Reporter of November 7th, 1874, and give it my unqualified endorsement, considering it as nearly a specific as quinine in malarial disease, when taken in its early stage. It has been practically tested by me in scores of cases since then, without one solitary failure; not one case has advanced to suppuration. One very sad prior experience in this disease leads me to express the wish that every physician who reads this article may, at first opportunity, give it a careful and faithful trial. The conservation of a long and large experience will free me from the supposition of hobby riding, and the intelligent apprehension of duty from physician to patient must lead every honest practitioner to the test of whatever promises good, in the hope of ameliorating suffering.

June 6th, ultimo, I discharged a case of erysipelas, of mild type, as convalescent. June 11th, at 9 p.m., saw Mrs. W., aged 23, in premature second labor at seven months' term. At 10.30 she was delivered of twin girls, living, weighing one-and-three-quarters pounds; at once, on the birth of the latter, came a most profuse discharge of liquor amnii. In fifteen minutes the placenta was readily removed. Nothing more than ordinary hemorrhage followed. Womb contracted readily; all clots were carefully removed. Head had been brought to a level immediately on birth of children, and a small dose of fluid extract ergot given. In a little less than an hour after pains of unusual severity came on. A small clot was at once taken away. The pains for the next forty-eight hours were barely kept in abeyance by the free use of morphine and quinine, which of themselves did not avail till ergot was added in full doses. During all this time lochial discharge was natural in quality and quantity. Bowels, having been freely opened prior to confinement, were kept quiet. On the morning of the 14th there was restlessness, with heat of skin; pulse 96, with marked tenderness on left side of abdomen. Quinine and opiates were freely used during the day. At 5 p.m. great increase of tenderness, decided enlargement, anxious, haggard face, dorsal decubitus, pulse 118; skin moist, with a hot, clammy sweat, and offensive lochial discharge. To control circulation, combat inflammation and stay waste, other means were needed. At once six drops of fluid extract verat. virid., with tablespoonful of syrup of lacto-phosphate of lime, were given, and one-half a grain of morphia sulph., administered hypodermically, with orders to repeat three-drop doses of the veratrum and tablespoonful doses of the syrup every three hours, and one-quarter-grain doses of morphia at such intervals as were necessary to secure absolute rest, and use every six hours lavements of one ounce of bromo-chloralum to a pint of tepid water. At 7 a.m., 15th, pulse 104. Still great tenderness and increased abdominal enlargement; continue treatment; iced sweet milk ordered every two hours. At 7 p.m., pulse 96. 7 a.m., 16th, pulse 84; 7 p.m., pulse 60; skin cool; pleasantly moist; anxious expression gone; abdominal tenderness less; slight decrease in size; verat. at this stage reduced to two drops; syrup continued; tongue moist; very red on edges and sharp tip; slight brown and closely adherent coating; opiates as required; lochia more free and less fetid; lavement continued; improvement continuous during 16th. At midnight hemorrhoidal irritation, with great pain; seemed so imperatively to demand a movement from the bowels, that an enema of warm water and lard was given. Bowels freely moved three times. At 9 a.m., 17th, pulse 96; tongue dry; breasts enormously enlarged, hot, hard and tender; abdomen increased again in size, with great tenderness, with marked uterine contractions and pain. Previous treatment, with three-drop doses of verat., was ordered, with addition of twenty drops of fld. ext. phytolacca every three hours, to control mastitis, and thirty minims of fluid extract ergot at once, to coördinate uterine action. This repeated in two hours, permanently quieted the organ. Breasts were promptly emptied by infants and others. At 7 p.m., 18th, symptoms all better; pulse 72; tongue moist; abdominal tenderness less; lochia freer and less fetid; swelling decreasing; omit phytolacca. From this time it was no longer necessary to use catheter. Treatment continued at prolonged interval of dose till 24th, at which time, there being some irritation at the neck of the bladder, ounce doses of saturated solution of chlorate of potassa were ordered every six hours. Tongue had cleaned, fiery red, but moist, and from this time gradually paled down. 25th, p.m. Bowels, now having been kept quiet eight days, were moved by enema; tenderness of abdomen almost, and swelling entirely, gone

at this time. On the 26th she was able for the first time to lie for a little while upon the side. On the 27th, milk diet having been absolute for twelve days, she was allowed soup; all treatment discontinued, but tablespoonful doses of syrup lacto-phosphate of lime three times daily. From this time improvement was decided, and she was discharged on the 30th as convalescent, and is at this date dressed and moving about her room, with daily increasing strength. One child lived 48, the other 96 hours.

I have entered thus into minute detail, for the benefit of my younger professional brethren, for no pen picture can magnify the fearful and alarming gravity of such a case, with its immediate and imperative therapeutical demands. Here, in a high-strung young woman, of nervous temperament, the aim was conservation of the vital forces. How, by God's blessing, the problem was solved, I have endeavored to show. Perchance, some day, with this guide added to the experience of others, some professional brother many hundred miles away may share in the joy I now experience with the dear ones of her household. Out of abundance of caution, I have declined and set aside all obstetrical engagements for one month.

Gainesville, Ala. EDWARD H. SHOLL, M.D.

Nitrite of Amyl and Chloroform as an Anæsthetic.

ED. MED. AND SURG. REPORTER:—

In my practice of over twenty-four years I have, until recently, used chloroform as an anæsthetic in all surgical cases, and convulsions of children. The past six months, with the object of lessening the dangers of asphyxia by this powerful anæsthetic, I added to the ounce of chloroform sixteen drops of nitrite of amyl. The result thus far is apparently most satisfactory. Nevertheless, further careful tests are needed to fully confirm my views of this combination as a safe anæsthetic. I therefore ask surgeons to give this a fair trial, and report their experiences in regard to its action on the heart, respiration and circulation, and compare it carefully with the symptoms produced when chloroform alone is used. I shall still continue the use of this compound anæsthetic, but may vary the proportions of the nitrite of amyl in particular cases. L. B. BALLIET, M.D.

Unionville, Lehigh Co., Pa., July 11th, 1878.

Infantile Umbilical Hernia.

ED. MED. AND SURG. REPORTER:—

On the 25th of April last I attended Mrs. J., in her ninth confinement. After eight hours' ordinary labor, gave birth to a fine male child; I placed a ligature around the cord and separated the infant from its mother. The infant had a large tumor at the umbilicus, which proved to be, on examination, a case of congenital umbilical hernia, of large size. I directed the nurse to attend the infant as ordinarily, save further directions in regard to adjusting the abdominal bandage on the hernial tumor; In ten days the cord and membranes became detached from the tumor. I at once proceeded, with the assistance of my friend, Dr. H., after anæsthesia of the child with chloroform, to place the intestines and sac within the abdominal cavity through the orifice at the umbilicus, which was two inches in diameter. Closed the opening by using four sutures, to retain the intestines and sac within the cavity. On the next morning I visited my little patient, and found all the sutures torn out, and my work had to be done over. I then used adhesive strips instead of sutures, which did well.

Had I used adhesive strips in conjunction with the sutures, I would not have had any further trouble. Yours, etc.,

H. W. KENNEDY, M. D.

Orangeburg, S. C., June 18th, 1878.

NEWS AND MISCELLANY.

Cremation Society.

About one hundred ladies and gentlemen assembled at Indianapolis, for the purpose of forming an association to encourage and foster the practice of cremation. Dr. B. W. Fletcher said the meeting was called in accordance with a petition handed him from over one hundred persons, asking that he take steps for a permanent organization. On motion, Mr. Eggart was made Chairman of the meeting, and Daniel Paine Secretary. Dr. J. L. Thompson read an interesting paper on Cremation, in which he expanded on its advantages, gave a description of its practical workings, and strongly recommended the formation of a permanent organization. A Committee of five was appointed to draft a constitution and by-laws.

Gymnastics in Schools.

The study and practice of gymnastics are to be made compulsory in all the State schools in Italy. The apostle of physical culture in that enervating climate is Sebastian Fenzi, the son of a Florence banker. He built a gymnasium at his own expense in that city, and from that beginning the movement has extended from city to city. He has preached gymnastics to Senators and deputies, to the syndic and municipal councillors, and even to the Crown Princess, now Queen. He especially inculcates its advantages on all mothers of families, as likely to increase to a remarkable extent the personal charms of their daughters.

Items.

—The sailors of the Mediterranean have a curious antidote for sea-sickness: Iron rust in water, drank freely, while at the same time a small pouch, containing roasted salt and flowers of thyme, is tied upon the region of the navel as firmly as can be borne, to lessen and gradu-

ally subdue the anti-peristaltic motions of the stomach caused by the rolling of the vessel. This latter preparation was known to the ancient Greeks.

—Since 1865 the number of female students entered for the courses at the Faculty of Medicince in Paris has been 32. Of this number 9 have graduated, viz: Mmes. Garrett (1870), Putnam (1871), Brès (1875), Ribars (1876), Barker, Bovell, Ocamkoff, Gortschakoff, and Dahms (1877). The number at present studying in Paris is 23, of whom 6 are English, 12 Russian, and 5 French.

—The Boston *Advertiser* says: Under the law substituting medical examiners for coroners, which has been in operation for a year, 178 deaths were investigated, and only 27 inquests held. The average expense of the inquests was $6.60, and it is estimated that the saving to the county was fully one-third over the old way.

—A lady who desires no notoriety has given $20,000 to the Commissioners of Charities, in New York city, for the purpose of erecting a surgical pavilion on the grounds of Bellevue Hospital, where respectable patients may receive care separate from those who cannot be regarded as respectable. The building will contain rooms for thirty patients.

—A death recently occurred in New York, from the explosion of a package of Boynton's Liquid Stove Polish, while the latter was in use near the fire. The polish contains naphtha, with black lead, and is a highly dangerous compound.

—A placard in the window of a patent medicine man in Paris reads as follows:—"The public are requested not to mistake this shop for that of another quack just opposite."

—"Doctor, doctor," panted a messenger, "Come down the street, quick; there's a man in a fit." "In an apoplectic?" questioned the doctor. "No, sir; he's in an ulster," answered the messenger.—*Boston Commercial Bulletin.*

Personal.

—Dr. Joseph Bloomfield Jackson, aged about seventy-five years, died suddenly, last week, at his home in Newark, N. J. He was a lifelong resident of Newark, and during the civil war took a very active part in perfecting the Medical Department of the old United States Ward Hospital.

—Dr. James C. Ayer, the celebrated patent medicine proprietor, died at a private asylum, July 4th, of softening of the brain, aged about sixty years. His estate is probably worth from $15,000,000 to $20,000,000.

—Stephen Goodell, an inmate of the poor-house in York, Me., is 116 years old. His health, says the Boston *Post*, is a Goodell better than it was thirty-six years ago, when he became a pauper.

QUERIES AND REPLIES.

A. B., of Ks.—The anti-fat nostrum you refer to is said to be a strong alkaline mixture, with liquor potassæ as its efficient ingredient.

C. S. S.—Ingluvin is said to be an efficient digestive. Your view, that the function of the gizzard is a purely mechanical one of trituration, is not shared by those who prepare ingluvin.

MARRIAGES.

GOUTNER—KEEPER.—In York, Pa., July 3d, 1878, by Rev. S. Aurand, Dr. A. M. Goutner and Miss Sallie J. Keeper.

JACOBUS—DELANO.—In New York, on the 27th ult., at the Fourth Avenue Presbyterian Church, by the Rev. Howard Crosby, Arthur M. Jacobus, M.D., and Mary L., daughter of Mrs. Mary E. and the late Geo. W. Delano.

MCCHESNEY—PEELOR.—May 29th, 1878, at the residence of the bride's father, by Rev. Lycurgus Mechlin, W. A. McChesney, M.D., of Shelocta, and Miss Carrie C. Peelor, of Armstrong Tp., all of Indiana county, Pa.

PATRICK—ROSS.—On the 28th of May, at the residence of James Ross, M.D., by Rev. J. S. Elder, J. B. Patrick, Esq., and Miss Lizzie Ross, both of Clarion, Pa.

PLANK—ROBERTS.—June 5th, at the residence of the bride's father, Mr. E. Roberts, in Ebensburg, Pa., by Rev. E. W. Brown, E. H. Plank, M.D., and Miss R. Ella Roberts.

REA—CONOLY.—On June 20th, by Rev. J. H. Johns, Dr. Samuel L. Rea, of Oxford, Pa., and Grace Anna Conoly, of Lumbardville, Md.

SIMONTON—DRAKE.—At the residence of the bride's father, Dr. I. L. Drake, Lebanon, O., Wednesday, June 26th, 1878, by Rev. L. G. Leonard, D.D., of Bucyrus, O., L. Simonton and Alice S. Drake.

TOMLINSON—HUNT.—In Philadelphia, by Friends' ceremony, on Sixth-month 12th, William H. Tomlinson, M.D., of Avondale, Chester county, Pa., and Naomi P., daughter of the late John Hunt, of Rancocas, N. J.

VICTOR—MCCAHEY.—In New York, on the 11th ultimo, by the Rev. O. R. Frothingham, Agnes C. McCahey, M.D., of Philadelphia, and Edward W. Victor, M.D., of Brooklyn.

DEATHS.

GILFILLAN.—In Brooklyn, on Tuesday, 2d instant, Caroline M., wife of William Gilfillan, M.D.

HOSTETTER.—May 25th, near Florence, Italy, Dr. Harry H. Hostetter, son of Dr. David Hostetter, of Pittsburg, Pa., and grandson of the late Randal H. Rickey.

HOUSTON.—In Pittsburg, Pa., on the morning of the 19th instant, Dr. John Houston, in the forty-eighth year of his age.

JACKSON.—At Newark, N. J., June 22d, Joseph B. Jackson, M.D.

LANGDON.—At 5 P.M., June 15th, of paralysis of the brain, Dr. O. M. Langdon, late Superintendent of Longview Asylum, in the sixty-second year of his age.

MONAHAN.—Jackson, C. H. O., Wednesday night, June 19th, at 12 o'clock, Dr. A. B. Monahan, Representative in the Ohio Legislature.

RIGDON.—At Atlanta, Ga., Thursday, June 27th, Mrs. Lydia M. Rigdon, daughter of Dr. J. R. Speer, of this city.

SHEARER.—In Dillsburg, Pa., June 4th, George L. Shearer, M.D., in the seventy-eighth year of his age.

STEWARDSON.—In Philadelphia, on Sunday evening, June 30th, Thomas Stewardson, M.D., in the seventy-first year of his age.

TAMAR INDIEN,

A laxative, refreshing, and medicated Fruit Lozenge, agreeable to take, and never causing irritation. Its physiological action assures the immediate relief and effectual cure of

CONSTIPATION, CEREBRAL CONGESTION, HEADACHE, INDIGESTION, BILE, HEMORRHOIDS, etc., etc., by augmenting the peristaltic movement of the intestines, without producing undue secretion of the liquids. Unlike pills and the usual purgatives, it does not predispose to intestinal sluggishness, and the same dose always produces the same effect, that is to say, never needs increasing. These properties render "Tamar" invaluable to the weak and debilitated, and especially to ladies previous and subsequent to their accouchement. It is recommended by the most eminent Physicians of Paris; notably Drs. BELIN and TARDIEU, who prescribe it constantly for the above complaints, and with most marked success.

Prepared by **E. GRILLON,** Pharmacien de 1ère classe, 27 Rue Rambuteau, Paris. To be had of all respectable Chemists throughout the world.

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The New Digestive is a combination of the whole of the Digestive Secretions—Pepsine, Pancreatine, Diastase, etc.,

Forming an invaluable remedy in the treatment of all forms of Dyspepsia, and diseases arising from imperfect nutrition.

N. B.—*The success of this Remedy has led to several imitations of it,* which consist largely of Milk Sugar, and, as compared with Peptodyn, are of little or no real value as digestive agents.

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PARIS, 1867. **Prize Medal.**

1868. **Silver Medal.**

1872. **Gold Medal.**

1873, VIENNA. **Medal of Merit.**

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It is Sold in 1 ounce, 8 ounce, and 16 ounce Bottles.

Beware of so-called French Pepsines bearing fictitious names, and prescribe Boudault's only.

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OF UNCHANGEABLE IODIDE OF IRON.

Blancard's Pills of Iodide of Iron are so scrupulously prepared, and so well made, that none other have acquired a so well deserved favor among physicians and pharmaceutists. Each pill, containing one grain of proto-iodide of iron, is covered with finely pulverized iron, and covered with balsam of tolu. Dose, two to six pills a day. The genuine have a *reactive silver seal* attached to the lower part of the cork, and a green label on the wrapper, bearing the fac-simile of the signature of

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without which none are genuine.

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TO PHYSICIANS.

THE scarcity and high prices of Cinchona barks and Sulphate of Quinia, and the prospect of only a slight reduction in these prices, makes the present a favorable opportunity of calling the attention of the profession to the *combination of all the bark alkaloids.*

Much attention has been given to this subject in Europe and India.

The growing appreciation by the medical profession of the United States of

CINCHO-QUININE

is due to the fact that it retains the important alkaloids IN COMBINATION, — a combination which in practice is *preferable to perfect isolation or separation* of these alkaloids.

In addition to its superior efficacy as a tonic and anti-periodic, it has the following advantages, which greatly increase its value to physicians : —

1st, *It exerts the full therapeutic influence of* Sulphate of Quinine, *in the same doses*, without oppressing the stomach, creating nausea, or producing cerebral distress, as the Sulphate of Quinine frequently does ; and it produces much less constitutional disturbance.

2d, It has the great advantage of being *nearly tasteless.* The bitter is very slight, and not unpleasant to the most sensitive, delicate woman or child.

3d, It is *less costly ;* the price will fluctuate with the rise and fall of barks, but will always be much less than the Sulphate of Quinine.

4th, It meets indications not met by that Salt.

The following well-known Analytical Chemists say :—

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"I have tested CINCHO-QUININE, and have found it to contain *quinine, quinidine, cinchonine, cinchonidine.* F. A. GENTH,
Professor of Chemistry and Mineralogy."

"LABORATORY OF THE UNIVERSITY OF CHICAGO, Feb. 1, 1875.
"I hereby certify that I have made a chemical examination of the contents of a bottle of CINCHO-QUININE ; and by direction I made a qualitative examination for *quinine, quinidine,* and *cinchonine,* and hereby certify that I found these alkaloids in CINCHO-QUININE.
C. GILBERT WHEELER,
Professor of Chemistry."

"I have made a careful analysis of the contents of a bottle of your CINCHO-QUININE, and find it to contain *quinine, quinidine, cinchonine,* and *cinchonidine.*
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TESTIMONIALS.

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"I have used CINCHO-QUININE, and can say without any hesitation it has proved superior to the sulphate of quinine. J. G. JOHNSON, M.D."

"MARTINSBURG, MO., Aug. 15, 1876.
"I use the CINCHO-QUININE altogether among children, preferring it to the sulphate.
DR. E. R. DOUGLASS."

"LIVERPOOL, PENN., June 1, 1876.
"I have used CINCHO-QUININE, obtaining better results than from the sulphate in those cases in which quinine is indicated.
DR. I. C. BARLOTT."

"RENFROW'S STATION, TENN., July 4, 1876.
"I am well pleased with the CINCHO-QUININE, and think it is a better preparation than the sulphate. W. H. HALBERT."

"ST. LOUIS, MO., April, 1875.
"I regard it as one of the most valuable additions ever made to our materia medica.
GEORGE C. PITZER, M.D."

"RICHMOND, VA., March 28, 1877.
"I believe that the *combination* of the several cinchona alkaloids is more generally useful in practice than the sulphate of quinine uncombined.
"Yours truly, LANDON B. EDWARDS, M.D.
Member Va. State Board of Health, and Sec'y and Treas. Medical Society of Va."

"CENTREVILLE, MICH.
"I have used several ounces of the CINCHO-QUININE, and have not found it to fail in a single instance. I have used no sulphate of quinine in my practice since I commenced the use of the CINCHO-QUININE, as I prefer it. F. C. BATEMAN, M.D."

"NORTH-EASTERN FREE MEDICAL DISPENSARY, 908 East Cumberland St., Philadelphia, Penn., Feb. 29, 1876.
"In typhoid and typhus fevers I always prescribe the CINCHO-QUININE in conjunction with other appropriate medicines, the result being as favorable as with former cases where the sulphate had been used.
"F. A. GAMAGE, M.D."

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(SUCCESSORS TO JAMES R. NICHOLS & CO.)

BOSTON, MASS.

Smithsonian Institute

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CONTENTS:

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

SMITH, ALBERT H.—Some Clinical Observations on the Use of Catgut in Gynecological Practice. 67
OLDBERG, OSCAR.—Metric Weights and Measures, for Medical and Pharmacal Purposes..... 71

HOSPITAL REPORTS.

College of Physicians and Surgeons, New York—Clinic of Prof. T. Gaillard Thomas.—Results of Pelvic Peritonitis; Retroflexion—Misapplication of Pessary; Laceration of the Cervix and Perineum—Subinvolution of the Uterus..... 74

MEDICAL SOCIETIES.

Philadelphia County Medical Society—Carbolized Catgut Ligatures in Gynecology..... 79

EDITORIAL DEPARTMENT.

PERISCOPE.

Inhalations in Laryngitis..... 80
The Stomach Bandage in Ascites..... 81
Lessons in Ovariotomy..... 81

REVIEWS AND BOOK NOTICES.

Notes on Current Medical Literature..... 82

BOOK NOTICES.

The Law of Population (Besant)..... 82
How to Take Care of Our Eyes (Angell)..... 82
Practical Chemistry for Medical Students (Muir) 82
Litholapaxy, or Rapid Lithotrity, with Evacuation (Bigelow)..... 82

EDITORIAL.

PREMIUM LIST FOR 1878..... 83
MINISTERS AS MEDICAL AUTHORITIES..... 83

NOTES AND COMMENTS

Myositis Ossificans..... 84
Two Analyses..... 84
The Cauterization of Nævi..... 84
Daltonism..... 85
On High Temperature During and After Convalescence from Enteric Fever..... 85
Elastic Crayons of Nitrate of Silver..... 85

CORRESPONDENCE

Brief Notes from London (Daly)..... 85
High Temperature in Typhoid Fever (Hengst)... 86
Eczema Marginatum of Scrotum and Thighs (Hazlehurst)..... 87
Fracture of the Middle Third of the Femur, with an Ulcer Surrounding the Ankle (Armstrong). 87
Bee Stinging as a Therapeutic Measure (Robinson) 87

NEWS AND MISCELLANY.

The International Congress of Hygiene..... 88
Medical Customs in England..... 88
Personal..... 87
OBITUARY (John Evans, M.D.)..... 88
MARRIAGES AND DEATHS..... 88

Established in 1858, by S. W. BUTLER, M. D.

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CHLORATE OF POTASH

For Hoarseness, Bronchial Irritation, Sor Throat, Diphtheria, Croup, etc., etc.

Chlorate of Potash is a remedy of acknowledge value in cases of Diphtheritic Sore Throat, and i Inflammation of the Mouth and Throat, induce by a depressed state of the system. In these instar ces, as in the milder forms of Croup, it has, beside its depurative and detergent effects, a solvent actio on the deposits, characteristic of those troublesom and dangerous affections. It relieves Hoarseness and in many cases of Fetid Breath from disordere secretions, it proves an efficient corrective. It virtues in simple Angina, or ordinary Sore Throa are recognized by many of the most eminent physi cians.

As the taste of this article is not disagreeable, w have prepared it in the form of Compressed Tablets thus giving the patient the full benefit of its action undiluted with Sugar, Gum, or other vehicles, which would not only prevent its effects, but which some times themselves offend the stomach.

The Lozenges usually contain about twenty-five (25) grains of gum and sugar, with two grains o the Chlorate of Potash, while each of these Tablets contains simply five grains of the Chlorate, all of which, dissolved in the saliva, acts on the affected mucous membranes.

If allowed to dissolve in the mouth, the topical effect is much more efficient than a saturated solution, as, while the solution is but temporary, the tablet really acts as a continuous gargle.

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DIRECTIONS:—Adults should take one every hour or two until relieved, allowing it to dissolve slowly in the Mouth. Children half of one as often.

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For Diphtheria, Croup, and the more serious ailments, the physician should direct.

PEPTONIC PILLS.

Pepsin, Pancreatin with Lacto-Phosphate of Lime and Lactic Acid.

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This pill will give immediate relief in many forms of Dyspepsia and Indigestion, and will prove of permanent benefit in all cases of enfeebled digestion, produced from want of proper secretion of the Gastric Juice. By supplementing the action of the stomach, and rendering the food capable of assimilation, they enable the organ to recover its healthy tone, and thus permanent relief is afforded. One great advantage of the mode of preparation of these pills is the absence of sugar, which is present in all the ordinary Pepsin and Pancreatic compounds. In this form, the dose is much smaller, more pleasant to take, and is less apt to offend the already weak and irritable stomach. The results of their use have been so absolutely satisfactory, that we are confident further trial will secure for them the cordial approval of the Medical Profession and the favor of the general public.

Each pill contains one grain of pure PANCREATIN, which is equivalent to 10 grains of the ordinary or Saccharated usually prescribed and dispensed. Physicians will appreciate the great advantage of this mode of administration, the increased benefit to the dyspeptic being due to a full and effective dose of each, freed from unnecessary bulk, and really hurtful addition of sugar. A single pill will give immediate relief.

DIRECTIONS:—Take one pill immediately after eating or when suffering from Indigestion, Lump in the Throat or Flatulence. For children, reduce the pill to powder and give one-fourth or half, according to age.

JOHN WYETH & BRO.,

1111-1yeow **Chemists, PHILADELPHIA.**

THE

MEDICAL AND SURGICAL REPORTER.

No. 1117.] PHILADELPHIA, JULY 27, 1878. [Vol. XXXIX.—No. 4.

Original Department.

Communications.

SOME CLINICAL OBSERVATIONS ON THE USE OF CATGUT IN GYNECOLOGICAL PRACTICE.

BY ALBERT H. SMITH, M.D.,

Lecturer on Obstetrics to the Philadelphia Lying-in-Charity.

Read before the Philadelphia County Medical Society, April 10th, 1878.

Having recently made some practical observations on the use of carbolized catgut in surgical practice, I have thought perhaps it might be useful in eliciting discussion, and bringing to light the experiences of the members, to bring them to your notice. Feeling the common need of a ligature and suture that will have strength and tenacity enough to constrict tissues until the calibre of vessels can become permanently obliterated, and until firm union of incised surfaces can become fully adherent, and yet which will melt away in the solvent fluids of the body, I felt disposed to make a few experiments with the catgut, both as ligature and suture, which I will first report, and then draw my deductions from them.

Case 1.—Ovariotomy; Ligature of Pedicle with Catgut, and Union of Abdominal Wound with Catgut Sutures: Recovery.

Mary Ann C., aged 34, single, native of Ireland, was admitted as a private patient to the Woman's Hospital, under my care, in October, 1877, with an ovarian cyst, after two tappings within a few months. The general history of the case, and the details of her condition, are not necessarily connected with the subject of this paper, and I will not detain you with them. On October 10th I removed (with the assistance of Drs. Cleveland, Croasdale and Broomall, of the hospital, and in the presence of Drs. Ellwood Wilson and Savery), by an incision into the abdomen, about four inches in length, a multilocular cystic tumor of the left ovary, weighing 28 pounds; there were but slight adhesions; the pedicle was of medium thickness and length. After emptying the several cysts with Hodge's trocar, and drawing the tumor outside the incision, I applied Spencer Wells' clamp to the pedicle, close to the mass of the tumor, and cut it off. I then transfixed the pedicle below the grasp of the clamp, with four strands of Young's medium-sized catgut, prepared in carbolized oil, tied two strands securely upon either side, with treble knots, and then cut between this ligature and the clamp. The extremity of the pedicle showed arteries as large as a hen quill, but no oozing whatever took place. The right ovary was healthy. The pedicle, with ligature, was returned to the abdominal cavity, and the cavity carefully cleansed. The incision was then closed by seven sutures of carbolized gut, including a large margin of peritoneum as well as a considerable bulk of muscular tissue, the sutures being secured by compressed shot. The patient was very much depressed after the operation, the effects of the etherization, which had been unusually badly borne, passing off very slowly, and leaving a condition of nausea with frequent vomiting, lasting over a week. During this time she had to be nourished exclusively by rectal enemata, in small doses, the rectum showing an intolerance of a large

bulk of fluid. Yet from the time of the operation she never had a symptom of peritoneal or abdominal complication. The abdomen remained scaphoid until it began to fill up with fat in its walls. She had not a pain in her abdomen until she took purgative medicine. The shot, with the dried ends of the sutures, gradually dropped off, beginning about the seventh day, coming away with the change of dressing, and the whole line of incision united, except at the extreme lower end, where a small opening remained. As a result of her low vitality, an abscess formed between the integument and the rectus muscle, upon the right side of the incision, which found vent through the lower end of the incision, and the three lower suture tracks. This delayed her convalescence, but she left the hospital quite well, and is now a robust, healthy woman.

Case 2.—Double Ovariotomy; Catgut Ligatures and Sutures. Death.

Henrietta E., single, aged nineteen, native of Philadelphia, was admitted to the Woman's Hospital as a private patient, under my care, in November, 1877, with cystic disease of the ovaries. She had been twice tapped, the last time having been two weeks before admission, since which her general condition had steadily deteriorated, her spirits, ordinarily buoyant, being now greatly depressed. On December 1st I operated on her, with the assistance of Drs. Cleveland, Croasdale, Packard and Broomall, of the Hospital Staff, and in presence of Drs. Goodell and Whelen. Through an abdominal incision of four inches in the median line I emptied, by means of Hodge's trocar, a multilocular cystic tumor of the left ovary (weighing about eighteen pounds), and withdrew the solid portion through the incision. The pedicle, which was long and slender, although containing vessels of very large size, I transfixed with a Baker-Brown needle threaded with silk, through a loop of which I passed four strands of the carbolized gut, drawing them through the puncture, tying them as in Case 1, though without having first clamped and cut off the tumor, which afterward proved to have been a serious mistake. After tying, as I thought, securely, I divided the pedicle beyond the ligature, and threw it back into the abdomen. On examination the right ovary was found to be about the size of a walnut, and the seat of extensive cystic degeneration. I transfixed the pedicle as before, drawing through four strands of gut, which was tied by an assistant and the ovary cut off. On cleaning out the abdominal cavity preparatory to closing the incision, I found active hemorrhage going on on the left side, and discovered, to my dismay, that the tissues of the pedicle grasped by one-half the ligature had retracted after the tension of the weight of the tumor had been removed, and that this portion of the pedicle, containing large vessels, had slipped away from the grasp of the ligature, and was bleeding freely. I immediately applied a clamp close to the uterus, upon the pedicle, and transfixing beyond it, reapplied the gut ligature, making a double knot upon both sides, and again wrapping it twice around the whole mass and tying a double knot. After completing this and cleansing the abdominal cavity again, I found that hemorrhage was taking place upon the right side, and upon examination found that the ligature upon the right pedicle had loosened, and that it was bleeding freely; it was soon arrested by a similar ligature to the one applied upon the left side, and the abdominal cavity again cleansed. The wound was closed by eight gut sutures, including the peritoneum, secured by compressed shot. The long delay in the closure of the wound, and the handling of the intestines, in her debilitated condition, no doubt seriously complicated the case; by the following morning peritonitis had developed, above the incision; the abdomen, above the umbilicus, being tense and tympanitic. She died on the sixth day. The autopsy showed that the ligatures upon the pedicles had maintained their hold, there being no trace of hemorrhage into the abdominal or pelvic cavities. The peritoneal edges in apposition in the line of incision had united along the whole extent of the wound, but the rest of the cut surface had not united; no adhesion having taken place, the edges of the wound were easily separable down to the peritoneal line of union.

Case 3.—Laceration of Perineum; Primary Operation; Catgut Sutures. Complete Union.

Mrs. B., aged twenty-six, primipara; was confined in January, 1878, of a ten-and-a-half pound child. The water broke forty-eight hours before labor set in; the occiput was posterior upon the right side; labor very tedious. After twelve hours spent in dilating the os uteri, I put on the forceps, flexed the head,

drew it into the excavation; rotation took place rapidly, and the head came down upon the perineum. The tissues were rigid, and I found before the vulva became tightly distended that a furrow had been made upon the posterior vaginal wall, nearly to the perineal body, but with great care I was able to get the head over the fourchette without any loss of its integrity. Upon removing my forceps, I found that a loop of cord had descended with the shoulders and was compressed between the child's thorax and the pelvic wall, the pulsations being barely perceptible. I hastened the delivery of the shoulders, and in doing so, the posterior acromion process tore the furrow before mentioned through, externally, dividing the perineum to the sphincter, and continuing the laceration around the rectum, fortunately not dividing the sphincter. I drew the torn surfaces together with three catgut sutures; the uppermost one being inserted just above the position of the upper edge of the rent, and embedded in the sound vaginal tissue; the second one about an inch below the first, also embedded completely in the septum, and the third introduced below the level of the anus, and passing above the sphincter. These were secured with compressed shot, the upper one being tightened up first. The line of sutures was thoroughly painted over with collodion. The patient's knees were bandaged together, and her water drawn regularly every eight hours. On the seventh day the lower shot fell off, with a portion of softened catgut upon each side; and on the eighth and ninth successively, the remaining two. On examination the union was found to be complete, and three weeks after, with the exception of a little irregularity in the line of the raphè perinei, no trace of any laceration existed; the perineal body was perfect, and the vulva as fully closed as before the labor. For some days after the dropping off of the shot, there was a little purulent discharge from the suture tracks, but it gave no inconvenience and soon cleared up.

Case 4.—Lacerated Perineum; Catgut Sutures. Perfect Union.

Mrs. C., aged twenty-three, primipara, had a long, difficult forceps delivery, in an occipito-posterior position, of a child weighing ten pounds. I saved the perineum when the head passed, but found, when I supported the shoulders, that the vaginal mucous membrane had given way, and the perineum was thinned out, there being little left but integument. I felt, as in Case 3, the cord below the brim of the pelvis, pulsation having apparently ceased. I hurried the delivery of the shoulders, supporting the mother's tissues as well as I could, but they gave way, and a rent to the sphincter was completed. The child was feeble, but was resuscitated by artificial respiration. On examination I found the posterior vaginal wall consisting of scarcely, if at all, more than the thinned mucous membrane of the rectum, the surface from which the vaginal mucous membrane had been separated looking almost sphacelated. I threw a stream of hot, carbolized water over it, to stimulate it, and then passed five catgut sutures. The upper one, embedded in the vaginal tissue above the line of the rent, was very long, and its passage was attended with difficulty in keeping the point of the Baker-Brown needle from appearing upon the surface. With all the others, except the last (the anal stitch), it was impossible to embed them in the tissues, the rectal septum being so thin that it would not hold the thickness of the needle without danger of entering the rectum. However, with the uppermost stitch securely beneath the surface, I felt quite safe, as I consider this stitch of vital importance to the complete success of the primary operation. I secured the sutures by compressed shot, and the after-treatment was as before. The shot fell off in from seven to ten days, and on examining I found the union perfect, there being no trace of vaginal furrow, the perineal body complete, the vulva closed without any granulating surface, and the line of external union exact.

Case 5.—Lacerated Perineum; Catgut Sutures. Perfect Union.

On March 8th, 1878, I was asked by a medical friend to aid him in sewing up a perineum lacerated to the sphincter, in a primipara, after a short but hard labor, without instrumental aid. Four sutures were introduced, of carbolized catgut, as before, the first stitch embedded in the vaginal tissue, just above the margin of the torn surface, and the other stitches nearly fully concealed in the septum, there being in this case enough thickness remaining to allow the needle to pass, with all the sutures pretty well covered. The sutures were secured, as before, by the compressed shot. The shot

dropped off in from seven to nine days. Three weeks after I examined and found the union complete, the external wound cleanly healed, the vulva closed without granulation, the vagina showing no line of cicatricial union, and the perineal body unimpaired.

Case 6.—Perineorraphy; Catgut Sutures. Union Incomplete.

Mrs. S., aged thirty-three years, having given birth to three children, the oldest ten years old, was sent to me for treatment by her physician in a neighboring State, with prolapsus, attended with complete loss of the perineum as far back as the sphincter, a portion of which seemed to have been involved, though not sufficient to destroy control of defecation. There was considerable loss of vaginal material, the cicatrix extending one-third the distance from the commissure to the cul de sac of the vagina, with the tissues rigid and inelastic. After denuding a triangular surface, including the whole cicatricial tissue, and extending about half the distance from the commissure to the clitoris, upon the labial margin, I passed five carbolized catgut sutures embedded in the vaginal wall and recto-vaginal septum. The upper one, embracing the whole breadth of the canal just above the margin of denuded surface, required to be drawn very firmly, to press up the upper edge tightly, and the strain upon it, consequently, was very great; the remaining stitches closed up comparatively easily. They were secured by compressed shot. A good deal of erythematous redness surrounded the wound on the third day, but not enough to make the loosening of any sutures necessary except the lowermost one. The remaining shot loosened and came off in from seven to ten days. Some suppuration was apparent in the line of the wound. Examination ten days after the operation showed that while the median portion and anterior edge of the wound had united, the upper stitch had relaxed, and allowed a separation of the adjusted edges before union had been firmly accomplished. So that between the rectum and the vagina, what ought to have been a firm perineal body was only a thin partition, and with a small sinus passing from the back part of the united tissue, emerging just in front of the anus. This sinus closed spontaneously in about one month.

The deductions from these cases are easily made. Catgut embedded in animal tissues will rapidly soften, and in from seven to ten days will be entirely disintegrated, being, in a closed cavity, gradually absorbed; in an open sinus communicating externally, mingled with the discharge from the sinus, which latter rapidly closes up.

As a ligature for an ovarian pedicle, when tied firmly, it certainly, in the two cases recorded, proved an effectual constrictor. The bleeding in the second case was from the mistake of tying the pedicle upon the one side while the tissues were upon a strain, and not tying tightly upon the other. After the renewed application, firmly made, the bleeding was absolutely controlled.

As a suture, its value depends upon the length of the stitch and the tension to which it is subjected. In the experiment made upon a piece of catgut, I proved the great elasticity of the material when softened. A piece of violin string prepared for surgical purposes, was suspended with a weight of four pounds attached, measuring from the point of suspension to the weight sixteen inches; it was then placed in water, about 100° F., for twelve hours; it was again hung up and subjected to the strain of the weight, and found to have gained in length a fraction over one and a quarter inches, being about one-thirteenth or eight per cent. of its whole length. This fact proves clearly the unfitness of catgut as a suture when the stitch is long and the strain is great, as this stretching of the fibre would make it useless for holding firmly together the surfaces requiring twenty-four to thirty-six hours for adhesion to take place, and as long again for solid union to be effected. For sutures which are superficial, or only moderately deep, when no increasing strain is likely to be produced, they do admirably; they should be secured by compressed shot, and when covered with a coating of flexible collodion (a suggestion for which I am indebted to Dr. A. E. Broomall, of the Woman's Hospital), the shot will drop off with the collodion coating, leaving a perfect union, with little points of ulceration only to mark the insertion of the sutures, no suppuration having taken place along the line of incision. For recent perineal operations, the three cases recorded prove the catgut to be an efficient material for sutures; the tissues involved being soft, flaccid, and yielding, and the vascularity and vitality greatly favorable for rapid union. The advantage in private practice, especially, of not having

to remove wire sutures after the seventh or eighth day is very great, and must recommend the use of this material. It should be moistened in carbolized water for an hour before using, and after its insertion, should be stretched tightly in a straight line before closing the rent; then the shot should be strongly pressed down against the tissues in tightening. Compressed shot furnish the only safe means of securing the gut sutures, as tying tightly is impracticable.

For the secondary operation upon the perineum, the catgut is clearly unreliable as a suture, the tension upon the stitches used in bringing together the edges of denuded cicatricial tissue being too great to be sustained by the extensible fibre of the catgut. The action of the catgut under different degrees of tension upon deep sutures was well shown in the two cases of abdominal incision closed after ovariotomy. In the case where no tympany developed, the abdomen remaining flat, and there being no strain on the sutures, union was perfect, there being no gaping of the edges of the wound at any time. In the case in which abdominal distention rapidly set in, while union took place in the peritoneal edges, there was absolutely none in the integument, the catgut having stretched sufficiently under the strain to allow a separation of the sides of the wound.

METRIC WEIGHTS AND MEASURES, FOR MEDICAL AND PHARMACAL PURPOSES.

BY OSCAR OLDBERG, PHAR. D.,

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The simplicity, harmoniousness, and prospective universality of the metric system should induce us to make it our own as rapidly as possible. That this cannot be done without some preparation, some effort, is obvious enough; and surely every professional man ought to be willing to make the comparatively insignificant sacrifice of time and labor requisite to acquire a sufficient familiarity with metric weights and measures to enable him to use them to the exclusion of the old awkward system, or no system. Discussion is necessary, but "faith without works is dead." We should first make the matter as simple as possible, and then do what we can to learn and teach.

I believe, however, that the simplicity of the metric system is quite unnecessarily obscured by the many prefixes used in connection with the metric units. Articles are met with in journals, the major portion of which are devoted to an explanation of these prefixes. Why so constantly parade before us the meaning and derivation of *hecto*, and *deka*, and *deci*, etc., when it is almost certain that we will never use more than one or two units of each kind of value in each branch of art or science? To confine myself to medicine and pharmacy, I believe that the *gram* and the *centigram* alone will be used for weights, and the cubic centimeter only for measures, if the latter be not discarded. Of our eagle, dollar, dime, cent and mill, the dollar and cent only are referred to in our daily transactions. As the eagle, dime, and mill are disowned in actual practice, so will the hectogram, dekagram, decigram, and milligram be disowned in writing and dispensing medical prescriptions. Even the term centigram will probably never be used except in the pharmacopœia and other books. Why, then, make the metric system appear difficult and complicated, when, in reality, it ought to appear, because it *is*, as simple as our monetary system! The gram and centigram are the most convenient weight units in medicine and pharmacy, and for that very reason they were exclusively adopted in those countries where the metric system has been for years obligatory on the part of physicians and pharmacists. In no country has any other metric weight unit been yet officially recognized for the purposes named. Shall we sanction an innovation on the practice already established abroad? If we seek to bring about uniformity, then let us at once drop all the prefixes which will never be used, and turn our attention solely to those terms which we ought to agree to make official. We do not keep books and compute accounts in eagles, dollars, dimes, cents, and mills; and, as we will not compute weight in kilograms, hectograms, dekagrams, grams, decigrams, centigrams, and milligrams, it is really unimportant to keep them all in our minds. Is it not easier to speak plain English than to inject a number of artificial terms derived from the dead languages, when there is nothing gained by the latter? It is, to me at least, more convenient to say "ten grams" than to say "one dekagram," and I think all who have actually used metric weights in medicine and pharmacy will agree that the decigram, as a unit, is quite superfluous, if not a positive nuisance. It will

not do to say that the terms "decigram," "centigram," etc., are not *units*, but simply another way of expressing fractional parts of the standard unit, for practically they *are* units, and fractional parts of the gram are most conveniently and familiarly expressed in common English terms. The centigram, however, is a valuable and convenient unit for the purposes of the physician and pharmacist, and should, therefore, be recognized in the pharmacopœia. I can see no objection to abbreviating the term centigram into *cent.* in every day parlance, and even in writing. The use of the word "cent" in reference to money surely would not interfere with its use in weights and measures also, for the context, or the connection in which it is used, would not fail to fix its meaning. The word "pound" is, in England, applied to money as well as weight, without the slightest inconvenience or ambiguity. The simplest system possible would be one modeled upon our monetary system, the metric standard units being adopted, with their subdivisions into one hundred parts. That would give us :—

1 meter (about 3⅓ inches longer than the yard) divided into 100 cents. (centimeters).
1 liter (about 2 fluidounces more than the quart) divided into 100 cents. (centiliters).
1 gram (equal to about 15 grains or ¼ apoth. drachm) divided into 100 cents. (centigrams).

The cubic measures would, of course, not come under this rule; but the cubic centimeter might well be popularly abbreviated into *cube cent.* This arrangement would not be sufficient for universal use; but it would not interfere with the use of kilos, hectos, dekas, dimes and mills, by those whose purposes these subdivisions would best subserve. Probably no one art or science requires more than one or two weight units, and will choose the one or two best adapted to its use. This fact ought to be permitted to facilitate the introduction of the metric system. Chemists will use grams and milligrams (mills.); pharmacists will use grams and centigrams (cents.); grocers might use kilos (kils.) and dekas (deks.?), etc. The fact that the metric system offers so many units from which we may select those best suited to our wants for special uses is admirable, but while all of these units may be actually utilized they will not all be applied together in any one art, science or business pursuit.

In order to facilitate the introduction of the metric system for medical and pharmacal purposes, therefore, I propose that the physicians and pharmacists first agree upon what unit or units of weight shall be official. If the gram alone, then, in advocating its adoption, ignore all prefixes used with it. If the gram and centigram, then drop at once all the other weight units of the metric system. Next, let them agree as to whether or not medicinal fluid measures shall be discarded, and liquid medicinal agents hereafter weighed instead of measured. If, as I believe, it will delay the introduction of the metric system in medicine and pharmacy to insist that when that system is adopted all quantities shall be determined by weight only, then let us, by adopting metric measures as well as metric weights, avoid the opposition which we would encounter from the friends of medicinal fluid measures. Individually I would prefer to discard these measures altogether, whether the metric system is adopted or not, but that they are convenient, popular, and even sufficiently accurate if used with due care, I fully believe; and so long as medicine is given by cupfuls, wineglassfuls, tablespoonfuls, teaspoonfuls and drops, I apprehend as great an opposition against abolishing medicinal fluid measures as against the substitution of the metric for the apothecaries' system of weights and measures. If measures are to be continued, then the cubic centimeter is the most suitable unit. But, whatever may be the units adopted, these should, under no circumstances, be more than two for weights and one or two for measures.

Having agreed upon the units to be employed, we should fix upon the orthography and abbreviations to be recognized as official. As to the spelling, it is thought that "gram" and "meter" will be generally preferred to *gramme* and *metre.* The only proper and safe abbreviation of "gram" I believe to be *Gm.*, and about the abbreviation of "cubic centimeter" there is no difference of opinion, c.c. being the one already established. "*Gm.*," with a *capital* G., cannot be mistaken for "gr.," or "grain," while "gram," or "grm.," may be mistaken for *grain.* Even if the centigram is made an official weight unit in the pharmacopœia, as I believe it should be, I do not think it should be ever written in prescriptions, nor abbreviated. The fractional parts of the gram should be written in decimals, the figures invariably *preceding the sign*, using the common Arabic numerals to further distinguish

the metric prescription from one in which the apothecaries' weights and measures are used. With the latter, Roman numerals are always employed, and then placed *after* the sign.* I think well of the plan to substitute a line for the decimal points, in writing prescriptions, putting the whole numbers on one side, and the fractional parts on the other, in a manner similar to dollar and cent columns, to avoid every possibility of mistake. In fact, should measures be discarded, I would put the "*Gm.*" immediately over the decimal line. A metric prescription, constructed in accordance with the foregoing suggestions (which are not original with the writer), would have an appearance so characteristic as to be at once recognized. Ex.:—

℞.	Hydrarg. chloridi corros.,	25	Gm.
	Potassii iodidi,	10 00	Gm.
	Aquæ,	100 00	c.c.
	Tinct. chinch. comp.	100 00	c.c. M.

Or, if measures be discarded:—

		Gm.	
℞.	Hydrarg. chloridi corros.,	0 25	
	Potassii iodidi,	10 00	
	Aquæ,	100 00	
	Tinct. chinch. comp.	100 00	M.

Liquid medicinal agents, the density of which differs so far from that of water as to not admit of being prescribed or dispensed gram for cubic centimeter, are not many, and those of any considerable importance entering into magistral formulæ are exceedingly few. It would, therefore, be comparatively easy to discard measures, substituting one gram for each cubic centimeter, which would be quite accurate enough except in a few instances—so few as to be easily committed to memory.

As the quantities by weight would be written in grams and fractional parts of the gram, the metric weights intended for our use should be stamped accordingly. Manufacturers of weights and measures should be warned against any deviation from this rule. If in medicine and pharmacy the gram and centigram only are used, and centigrams are written in prescriptions as fractional parts of a gram, then pharmacists do not want any weights stamped "decigrams" (D.G.), "centigrams" (C.G.), and "milligrams" (M.G). Metric medicinal weights of less value than one gram should be stamped: 0.50 Gm., 0.20 Gm., 0.10 Gm., 0.05 Gm., 0.02 Gm., and 0.01 Gm.

The practice of graduating glass measures into cubic centimeters and marking the scale in grams, which I have seen some makers guilty of, should be discountenanced. The inter-convertibility of the gram and the cubic centimeter, when referring to distilled water, does not make these terms identical, or even similar, and to speak of "gram graduates" is as absurd as it would be to speak of *inch weights*.

Our metric glass measures, if any, should be graduated in cubic centimeters only.

Until we shall have become quite familiar with the metric units of weights and measures, and with the doses of medicines in metric terms, there can be no doubt that rules for conversion and tables of approximate equivalents will be not only useful but absolutely necessary. Their utility, however, will end as soon as we shall have mastered them perfectly, which requires but little time and effort. A metric posological table will, of course, be needed at once, and permanently.

As soon as we can think in metric terms, then the rules of conversion, the tables of equivalents, and everything pertaining to the old system of weights and measures may profitably be dropped and forgotten. Doctor Francis H. Brown, of Boston, thinks that "to understand the metric system properly, and to use it intelligently, a person should forget the units of length, volume and weight to which he has been accustomed, and should, at once and definitely, familiarize his senses with the new measures, as they are brought into daily use, irrespective of the old system." I agree with Doctor Brown perfectly and literally, but think that our best and only way to *learn* to "understand" and "use" the metric system, having already become accustomed to think in the terms of the old system, is to commence as translators. We would do well to begin by making rough comparisons between the old units and the new, for instance, as follows:—

1 meter is about 3⅓ inches longer than the yard.
1 liter is about 2 fluidounces more than the quart.
4 cubic centimeters make about one fluiddrachm.
1 gram is about 15 grains.

Then let us obtain as many different object lessons as possible, and examine, handle, and use them until they have become perfectly familiar. Get metric weights and graduated

* Apropos of signs, it occurs to me that, as in all reform movements there must be some "relics of barbarism" to refer to, the signs used to designate ounce, drachm, scruple, etc., may be graphically presented as the "relics" in the present issue.

measures, metric prescription vials, and a centimeter rule. Our metric coins, also, may be made to serve a good purpose in this connection. Our five-cent nickels weigh one gram for every cent they represent; our half-dollar and quarter-dollar pieces weigh twenty-five grams for every dollar, or twenty-five centigrams for every cent. Consequently, one dollar in five-cent nickels weighs 100 grams; two dollars in silver half-dollars or quarters weighs fifty grams, and one dollar, twenty-five grams; two five-cent nickels make up ten grams, one of them serving for a five-gram weight; and one silver dime piece weighs 2.50 grams. These coins make good and quite reliable metric medicinal weights, as far as they go. If the weight of each coin were stamped upon it in metric terms, it would be of immense advantage as an aid in popularizing the metric system of weights.

The medical and pharmacal colleges should not be content to merely refer to the metric system in a fashion that seems like "damning it with faint praise," but should at once commence to teach it to their students, thoroughly and practically, using for that purpose a sufficient variety of suitable object lessons. Prescription bottles made strictly on a metric basis, and with their respective capacities in cubic centimeters plainly stamped upon them, can be had for the same price as ordinary glass ware.

The adoption of the metric system in medicine and pharmacy will depend chiefly upon the physicians. *They* will have to do nearly all the computation or conversion needed, for the pharmacists can, and no doubt will, keep two sets of weights and measures, if compelled to do so by the unwillingness of old practitioners of medicine to adopt the new system. But even if one-half, or three-fourths of the physicians of the present should decline to make use of the metric system of weights and measures in constructing their prescriptions, which will probably be the case, I believe that system should, nevertheless, be officially adopted, and given the preference over the old system, and it should be diligently and thoroughly taught in the schools and colleges.

In the next revision of the U. S. Pharmacopœia the metric system should be introduced; in works on *materia medica* the doses should be given in metric terms; and pharmacal formularies should recognize no other than the metric system of weights and measures.

An immediate universal change is not to be expected, but we are about as well prepared for it now as we ever will be, and "the way to resume is to resume."

Hospital Reports.

COLLEGE OF PHYSICIANS AND SURGEONS, NEW YORK.

CLINIC OF PROF. T. GAILLARD THOMAS, ON DISEASES OF WOMEN.

REPORTED BY P. BRYNBERG PORTER, M.D.

Results of Pelvic Peritonitis.

The first patient whom I small present to you to-day, gentlemen, is Hester K., a native of England, and twenty-five years old. She has been married six years, but has never been pregnant. Let us now get the history of the case; though its chief interest, as you will find, lies in the physical exploration. How long have you been sick? "Five years." Were you never pregnant at all during the first year after your marriage? "No." What symptoms did you have when you were first taken ill? "I was taken with bearing-down pains in my stomach, and also a flooding." Did these come on suddenly? "Yes; I remember, I was cleaning house at the time I took sick." Did you fall down or faint at that time? "No." Did you have to go to bed? "I felt very badly, but I went on with my work the most of the day. The next day I had a good deal of vomiting, and was obliged to go to bed." How long did you remain in bed? "About a week; the doctor who attended me said I had inflammation of the womb and of the bowels." In what way have you suffered since that time? "I have had a great deal of white discharge." What else? "A pain in the side, running around to the back." Is there anything else that you complain of? "A pain here" (placing her hand over the pubic region). The patient also informs me that she suffers greatly from dyspareunia, and that the act of coition is followed by a considerable loss of blood. How is it about your monthly sickness? "I usually have no more pain then than at any other time, except occasionally a little more when my sickness first commences." Do you lose too much or too little blood at your periods? "Not often, but sometimes a little too much, and sometimes not quite enough."

This patient, it seems, was perfectly well up to five years ago, when she had the attack of which she has just told us. When it first commenced, the pain was not severe enough to cause her to take to her bed, but on the second day she had nausea and vomiting in addition, and was so ill that she went to bed and sent for a physician.

Now, which is the most prominent of the

symptoms of which she complains at the present time? Probably that on which she lays the least stress, viz., dyspareunia. This is, of course, a subject upon which she does not like to say much; but we find that in addition to the dyspareunia, the sexual act excites hemorrhage. She has, too, well marked pain in the pelvic region, but it rather surprises me to learn that it is but little, if at all, aggravated at the time of menstruation. We see, then, that she has been a somewhat confirmed invalid for the last five years, and so it is well for us to ask ourselves, in the first place, what is the cause of this? and, secondly, can we remedy it when it has been ascertained?

With a view to answering these questions, I began to make a physical examination, when the first thing I discovered, on inserting my finger into the vagina, was that the cervix was perfectly fixed. I attempted to push it from various points, but the further I pursued the investigation, the more certainly did I find that it was entirely immovable in any direction whatever. In fact, in my whole experience, I have never met with a cervix in a state of more complete fixation than this one.

About the roof of the pelvis, everything was just as fixed as the cervix, and it felt to the finger very much as if there were a broad covering over it. The bladder did not give any sensation of containing fluid; and the same state of affairs was found to exist posteriorly, about Douglas' cul-de-sac. In our entire course this season, there has been no case at the clinic which could at all be compared with this one, for the distinctness with which the evidences of a certain affection which I will presently mention to you are exhibited. I may state, also, that there was considerable tenderness about the pelvic roof, when any pressure was made upon it.

The examination, thus far, however, was not complete, and in order to make it so, I resorted to conjoined manipulation. On account of the peculiar nature of the affection from which the patient has suffered, this could, necessarily, be only imperfectly performed; but enough could be learned from it to show that not only the cervix, but the whole uterus also, was perfectly fixed. In addition, it was demonstrated that there was a hard layer of structure behind the uterus and the bladder, and that the rectum was constricted to a considerable extent. On questioning the patient in regard to the latter organ, I find that she experiences a feeling as if something were pressing upon it, and frequently suffers markedly from rectal tenesmus. There is, in fact, a hard mass all around the rectum, which, though it cannot be technically said to constitute a stricture of the bowel, yet practically has the same effect as one.

This ended the examination; for I did not turn the patient upon the side and introduce the uterine sound, as is ordinarily done in such gynæcological explorations. The reason was, that this is one of those cases in which a probe or sound ought never to be passed into the uterus, unless there is some very special and urgent reason for so doing.

Have we now, in our examination, found anything that will satisfactorily account for all the symptoms from which this patient has suffered. I think so; for I am perfectly satisfied in my own mind as to the cause of her entire trouble. Perhaps another might not be; but every investigator must judge for himself in any given case. The affection to which I have alluded, and which I believe to have given rise to all this woman's sufferings, is pelvic peritonitis, or, as it is sometimes called, peri-uterine peritonitis. It has been known in a general way to the profession for a very long time; but it is only within the last twenty-five years that the subject has attracted the attention and received the consideration which its importance really demands.

You know that there are certain tracts or portions of the body in which inflammations often occur in an isolated manner, without spreading to contiguous parts, notwithstanding the fact of there being a continuity of structure between them. Thus, we have inflammations of the larynx, of the trachea, of the large and minute bronchial tubes (the latter constituting what is known as capillary bronchitis), and yet it is comparatively rare for an inflammatory process in any of these tracts to extend to the others. The same is true in regard to pelvic peritonitis, in which the inflammation has little tendency to spread to the upper portion of the peritoneum.

Pelvic peritonitis is an affection without a knowledge of which it is impossible to get along in the study and treatment of the diseases of women. There are thousands of females in every country who have been the subject of it; though it is not very often that a case is met with in which its results are shown in such a marked manner as in the present instance.

Can we find out what was the cause of the attack of pelvic peritonitis which the patient had five years ago? I fear not. At first, I thought it might have been due to exposure at the time of menstruation, but she informs me that the flow was not upon her when she was taken ill, and that, in fact, she had not menstruated for three months. She seems quite positive, however, that she was not pregnant at that time. When first seized, she had the premonitory symptoms of pelvic peritonitis, and the day following suffered from nausea and vomiting, and, no doubt, from considerable febrile reaction. A very large deposit of lymph took place all over the organs situated upon, or immediately above, the roof of the pelvis, extensive masses of it forming between the uterus and the bladder anteriorly, and also between the uterus and the rectum. That deposit has become organized, has remained in the pelvis ever since, and has been the cause of her sterility.

Let us now take up the symptoms of which the patient complains, a little more in detail.

The first one is leucorrhœa. After the acute attack had passed off there was left a low grade of inflammation, which has been started up afresh from time to time by some peculiar irritation, and the leucorrhœa is one of the effects of it.

Next, dyspareunia is a very marked symptom. During sexual intercourse the uterus is ordinarily movable, and it is to this mobility of the uterus that the immunity from unpleasant consequences is invariably due. But here, as I have said, not only the uterus, but the whole roof of the pelvis, is fixed. The pain in the back which the patient has mentioned is, no doubt, simply of a reflex nature.

What is the prognosis here? Is there anything that will cure the condition that we have found to be present? Emphatically, no. If you were to put this patient upon what is called a "mild course" of mercury, or other absorbents, or the persevering trial of blisters, or other means of counter-irritation, you will only put her to a great deal of useless trouble and expense; for I feel convinced that at the end of a year of such treatment the pathological condition of the pelvic organs would be precisely what it is to-day. But not only this; the general health of the patient would, in all probability, be worse than it is now, on account of the interference with the digestive function and the impairment of the blood, by the remedies employed. But, you ask, is nothing to be done for her? Yes, I reply, something. In the first place we have already done her no small amount of good, financially as well as physically, by preventing her (if she will take our advice) from going about from one physician to another, vainly seeking successful treatment for an incurable difficulty. But we can still further benefit her by instructing her to abstain wholly from sexual intercourse, and to remain perfectly quiet at the time of her menstrual periods. In addition, she should take such gentle laxatives as will prevent the accumulation of fecal masses in the rectum; for in such cases these are a frequent source of pain, as well as, at times, of new inflammatory action. Finally, she should have the best of food, and such roborant agents as quinine, iron, and the bitter tonics. These would be given, not with the idea of having any special effect upon the condition of the pelvic organs, but simply for the purpose of sustaining her strength and maintaining her system in the best general state for bearing up under the pain which is inseparable from the pathological results of the peritonitis. As I have remarked, mercury and other absorbents would be utterly useless, and when lymph has become so thoroughly organized as it is here, treatment by counter-irritation can do no possible good. You will please note carefully, however, that I am not now speaking of pelvic peritonitis, in general, but only of its manifestations in this particular case, and others similar to it.

If the course which I have suggested is pursued here, I have no doubt that our patient will gradually become more and more comfortable, and that during the next five years life will be much more tolerable to her than it has been for the past five years. A time will come when she will obtain almost complete relief from her sufferings, and that is when the physiological atrophy following the menopause has taken place; but this period is quite distant yet, since the woman is now only twenty-five years old.

Retroflexion; Misapplication of Pessary.

The next patient is Elizabeth J., a native of the United States, and thirty years old. She is a widow, and has had two children, but no miscarriages. The last child was born six years ago. Listen to the history which she gives.

How long have you been sick? "Two months." Were you quite well up to that time? "Yes; I have only been under the doctor's care for that length of time; but I have had a weakness for a good while back, he says." What kind of a weakness is it that you have had? "I have had a white discharge, and have lost too much at the time of my monthly sickness." Do you suffer from any pain? "Yes, a bad pain in my back." And you have had this only during the last two months? "Principally since then." Do you suffer from anything else? "Pain down the inside of the leg."

You have no doubt noticed that this is rather a curious history which the patient has given us; and as I would prefer that she should not hear the remarks which I have to make upon the case, I will dismiss her at once. It is six years since her last child was born, and though she has had a "weakness" for a considerable time, she states that she has grown a great deal worse within the last two months. Now in this connection it is rather a significant fact that it is only during that period that she has been under the care of a physician. Before that the symptoms were very vague; and now she almost imagines that the ailment of which she complains really commenced but two months ago.

On making a vaginal examination I found the uterus in a state of marked retroflexion; and I am almost entirely certain that it has been in this malposition ever since the birth of her last child. There are a great many men in New York, as well as elsewhere, who are always ready to cast a slur upon gynæcology. Patients with uterine troubles, they say, get along just as well without treatment as with it. It is doubtless true, in many cases, that no symptom may be presented for a considerable period. A man may have a perforating ulcer of the stomach and yet may be so little affected by it that he is perfectly able to attend to all the business of life without even imagining the presence of anything of the kind, until one day the ulcer eats through the coats of an artery and he suddenly bleeds to death, when the autopsy reveals the fact that it has probably existed for at least ten years. This does not

show that perforating ulcer of the stomach is an affection of no account; and so this case only demonstrates the fact that certain very abnormal conditions of the uterus may exist without any symptoms. All of you, no doubt, remember the case of complete prolapsus uteri, in which a larger part of the bladder and rectum also were outside of the body, and yet the only inconvenience from which the patient suffered was the rubbing of her thighs against the uterus, which was hanging down between them.

Two months ago she came under medical treatment, and since that time, as we have seen, she has been a great deal worse. I do not wish to criticise the treatment merely for the sake of criticism, but in order that I may inculcate a useful lesson by showing you wherein it was imperfect. On making an examination *per vaginam*, I found the uterus completely retroflexed, as I have told you; and yet there was a pessary in the vagina, which had been put there for the express purpose of holding the fundus up in position. Between the cervix and the body of the uterus there was a deep groove, in which the posterior arm of the pessary had buried itself, and there was also a sulcus of sufficient depth and length to accommodate my little finger, which the instrument had caused in the vaginal walls. Now, what has caused the great aggravation of the patient's symptoms within the last two months? The pessary, and nothing else.

Consequently, she dates her trouble to two months back. The difficulty is this: The pessary has been applied (as I see pessaries put in every day) while the uterus was still in a malposition, with the expectation that the instrument was going to replace the organ. It is just as if a surgeon should apply a splint to the extremities of the fragments of a broken bone, with the expectation that the splint would replace the fragments, instead of first doing this by extension, counter-extension, and coaptation, and then applying the splint to hold them in place. I would not be illogical enough to say to such a practitioner, never use a splint; but what ought to be said to him, would be, learn how to treat a fracture before you attempt it.

It is possible that I may be mistaken here, and that the physician may have replaced the uterus before introducing the pessary; but, as I have said, this method of using pessaries is, unfortunately, very common, and it is altogether unlikely that the uterus should have forced itself down in spite of the instrument, if the latter was put in after the organ had been restored to its normal position. If the latter was the case, however, I have no criticism to make upon the case.

A word in regard to the use of pessaries. If, on making conjoined manipulation, or passing the uterine probe, the fundus does not remain in position after an instrument of this kind has been introduced, take it out at once; and if you cannot get the fundus into its proper place, then do not put in any pessary at all. At the end of forty-eight hours, or, at all events, within a very few days after the introduction of a pessary, you should always make an examination, and if you find that it is not holding the uterus up in good position you should remove it and put in another. If you cannot find one that will do this properly it is a great deal better that the patient should be left without any instrument whatever in her vagina.

Laceration of the Cervix and Perineum; Subinvolution of the Uterus.

The last patient whose case we shall have time to investigate to-day is Catherine B., a native of Ireland, and thirty-three years old. She has been married twice (the last time nine years ago), and has had one child and one miscarriage. Her last pregnancy occurred eight years ago, when she had the miscarriage, and the child which was born at full term was by her first husband. If it were living it would now be eleven years old.

In answer to my inquiries as to how she is affected, she replies that she suffers very greatly from dyspareunia, and that the act of coition is followed by hemorrhage. She also states that this condition of affairs has continued ever since the birth of her child, eleven years ago. After the miscarriage (which occurred about the third month), eight years ago, she says she was obliged to remain in bed for eleven weeks, which shows that she was suffering from some pretty severe illness. Since that time she has never been as well as before. Now, Mrs. B., will you be kind enough to tell us what has troubled you since then? Have you had any pain? "Yes, a great deal; I have had to doctor all the time." Is there any pain in the back? "Yes." Do you have the whites? "Yes." Have you any trouble about the bladder? "Yes." In what way does it trouble you? "I have great pain in passing water." Do you have to pass it too often? "No."

Having thus obtained the history, let us go over the case with the light of the physical examination thrown upon it. It seems that she had no trouble at the time of the birth of the child that was born at full term, so far as any symptoms were concerned; but that she had a long attack of illness after the miscarriage, eight years ago. She has never been well since, and states that she has been treated for uterine disease. The patient lying upon the back, I introduced my finger into the vagina; and the first thing that I discovered was that the perineum was gone. It is not, however, torn through into the rectum. There is a space about the width of one's finger left between the rectum and vagina, and the sphincter ani remains uninjured. Still, the perineal body is divided into two parts by the laceration, one-half of it being on one side, and one-half on the other side of the rent.

In addition, I ascertained that the cervix was very badly lacerated. This laceration was

slight upon one side, but upon the other extended entirely up to the *os internum*. The cervix I found as large as that of a woman several months advanced in pregnancy, and from its torn surfaces there was pouring out a thick and ichorous leucorrhœal discharge. Next, turning the patient upon the side, I passed the probe nearly four inches into the uterus.

I do not know what kept the woman eleven weeks in bed after the miscarriage which she had, but as I was entirely unable to find any trace of any pelvic inflammation whatever, it seems altogether probable that she was suffering during that time from an attack of septicæmia. Very likely it was due to the retention of a portion of the placenta or membranes; but, of course, we are left entirely to conjecture in regard to the matter.

Now, when did the trouble which we find at present to exist occur? I assume that the whole of it was caused at the time of her first labor; for an abortion at the third month certainly would not give rise to such extensive lesions, under ordinary circumstances, unless very unwarranted force was employed by the physician in attendance. This, you will understand, is altogether assumption; but I think you will, at all events, acknowledge that it is a reasonable assumption. If there had been peritonitis at the time of the miscarriage there would be some evidences of it at the present day. Yet these serious accidents occurred at the time of the first labor, and were followed by no symptoms. Notwithstanding the extensive rupture of the perineum, no prolapsus uteri has resulted. But the laceration of the cervix interfered very seriously with the process of subinvolution. All the patient's symptoms had their origin in the labor twelve years ago, but they were so greatly aggravated at the time of the miscarriage, eight years ago, that she dates her whole trouble back to that. It is quite probable that the laceration of the cervix was the cause of the miscarriage, because this condition, as is well known, has a marked influence upon the nerves supplying the uterus, and is exceedingly apt to cause more or less derangement of their normal functions. The leucorrhœa and the hemorrhage following coition are directly attributable to it, and the menorrhagia indirectly, since it was the cause of the subinvolution, and in consequence of the latter, the lining membrane of the uterus is kept constantly in a hyperæmic state.

The next question that arises is, how is the patient to be treated? You remember what was said in regard to the treatment of the first case I brought before you to-day. Here the prognosis is to be directly reversed, for I regard this case as entirely curable, while, in the other, all treatment would be utterly useless, so far as the removal of the pathological condition then existing is concerned. Now, how are all the evils found in our present patient to be done away with? In the first place, with a small copper wire loop, I would carefully remove all the exuberant growths which undoubtedly exist upon the uterine mucous membrane, and which are due to the constant congestion to which the structure has been so long subject, on account of the subinvolution of the organ. The curette would entirely alter the condition of the membrane, and if it was thoroughly applied upon all sides of the uterine cavity, the little fungoid excrescences, which now act like so many leeches, would be completely destroyed. The patient, from that time, should remain in bed, using hot vaginal injections several times every day, and taking such laxatives as would prevent any clogging up of the lower bowel especially. The next step would be to sew up the lacerated cervix, and in a short time after that I should expect the uterus to become considerably smaller, menstruation to be less profuse, and the general health to improve. Finally, the perineum would have to be restored, and then I have no doubt that the patient might be discharged cured. I use the word *cured* advisedly, though I do not hesitate to say that her condition would hardly be as good as it was before the birth of her child, eleven years ago. This is just the kind of case which it is most appropriate to send to a hospital, because treatment will be of such extreme value to her; and if she could be admitted to the wards of an institution like the Woman's Hospital, she might, in the course of three or four months, be fairly put upon the road to entire recovery.

In connection with this case, I wish to tell you of another, in order to show that the assumptions which it is necessary for us to make, however probable, or even positively undeniable they may seem, are sometimes entirely erroneous. A short time since a case of cancer of the breast, which made the mamma as large as a cocoanut, was sent to me for operation, by a physician in Texas. Until recently, he had thought the tumor a benign growth, but of late it had begun to increase so rapidly, and to apparently involve the glands of the axilla to such an extent, that there could no longer be any doubt about the diagnosis. When I made an examination of the patient, I found a large and very hard mass in the axilla, and, consequently, gave a very unfavorable prognosis, since I believed that the general system was already infected to a very considerable extent. This morning I removed the breast, and when I had cut down upon the supposed hardened gland, with the idea of taking it out, what was my surprise to find a distinct sense of fluctuation in it. I immediately opened it with a sharp-pointed bistoury, and a clear, straw-colored liquid was discharged from it, showing that it was a little cyst of the axilla, which had nothing whatever to do with the trouble in the breast, and thus causing me to alter my prognosis very materially. It was such an ordinary cyst as might have developed upon the broad ligament, or, indeed, in any part of the body, and the reason that it had felt so hard was on account of the large amount of adipose

tissue with which it was covered. This teaches us, therefore, that we are very liable to err in our opinion, even when we reason with the greatest caution.

Medical Societies.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

Proceedings of a conversational meeting, held at the Hall of the College of Physicians, Philadelphia, April 10th, 1878, Professor Henry H. Smith, President of the Society, in the chair.

A paper was presented by Dr. Albert H. Smith (see page 67) recommending the use of carbolized catgut ligatures in gynecology, and a vote of thanks to the author was passed.

The lecturer also referred to the use of whalebone for ligatures, as recommended by Professor Gross, in a recent communication to the *American Journal of Medical Sciences*.

The President observed that this was an instance of history repeating itself, for in Dorsey's "Surgery," published fifty years ago, this subject of animal ligatures was discussed, and catgut, the tendon of reindeer, and other substances, especially mentioned.

Professor William Goodell was pleased with the paper of the evening; but it only confirmed his opinion of catgut. He thinks it a very treacherous means of securing large blood-vessels, and having faithfully tried it, he would not resort to it again. He had used it in a case of ovariotomy, about six months ago. After transfixing the pedicle he applied the ligature and tied it firmly, but found the loop too loose. The first half of the knot is liable to loosen before the second can be tied firmly. He was obliged to take off the catgut ligature and substitute silk, in the case mentioned. He tried it again, in a subsequent case, but was again obliged to resort to the silk. The objection to the catgut is that it is oiled and slippery, and therefore cannot be waxed. The prospect of its absorption is a strong inducement to use it in cases where the ligature is allowed to remain in the tissues. In a third case of double ovariotomy he transfixed one pedicle with it, and the knot looked so insecure that on the second he did not resort to the gut, but applied the silk. The tendency of catgut to absorb fluids and become softened might lead to fatal hemorrhage after such operations, and he felt that he could not trust it in future, but should prefer fine silk, which is also an animal product, and not irritating. When a silk ligature is applied and the ends cut short it may be allowed to remain, without any danger of slipping, and with a good prospect of its becoming encapsulated. He prefers this method of securing the pedicle in ovariotomy.

There is one case in which the catgut ligature might be useful, *i.e.*, in a laceration of the perineum which extends so high up the septum that Emmet's stitch cannot close it. In that case interrupted gut sutures could be used in the upper part and the lower secured by silver wire. The advantage of using the gut sutures in such a case lies in the fact that they would be absorbed, and would, therefore, not need to be removed. Whereas, if silver sutures were used, at least two weeks must elapse before a speculum could be safely introduced for their removal.

Dr. C. B. Nancrede had made some ligatures of catgut in January, 1874, and had used them in a number of experiments, and since then has constantly employed them in his practice. There is a great difference in the quality of catgut ligatures; sometimes they are soft and easy to tie, and at other times they are very hard to knot; some are strong and other specimens are weak. He had tied all the principal arteries in the upper and lower extremities, and found them satisfactory. He never yet found the knot to slip, and did not see how it could be made to slip if it were properly tied. He had tried to make it slip and could not succeed. Dr. Agnew has used it for several years, in all his operations, with good results.

The larger sizes of the catgut ligature cannot be broken in tying the knot; no ordinary force can break it; but there would be no objection to having the ligature made several sizes larger than it is, for tying the pedicle in ovariotomy. In the conditions referred to by Dr. Goodell, of ruptured perineum, in which this suture is recommended, the speaker considered it of especial value. In one case, where the sutures were applied high up, and he could not examine for a month afterward, the result was successful, and the ligature gave no trouble. In such cases he considered the catgut suture invaluable. Dr. Agnew puts the ligatures in a two per cent. solution of chromic acid in glycerin, which makes them much more pliable, and they never slip. He has used them to great extent in general surgery, and is satisfied with them.

Dr. C. Seiler remarked that the soaking in chromic acid would coagulate the gelatin, and prevent the ligatures from yielding. He had noticed this effect in violin strings, which, after such treatment, did not get out of tune as soon as ordinary strings.

Dr. Albert H. Smith never had a catgut ligature to break in tying, but had noticed that they would stretch about one-thirteenth of their length, as mentioned in the paper. In regard to the imported carbolized catgut, he had never seen any better results than from ordinary violin strings. The catgut becomes pliable enough for use as soon as it is softened in water. An objection to a very large catgut ligature in these operations is, that it could not be passed through the eye of a needle.

Dr. Nancrede. The reason that catgut stretches is, that it is twisted. The fibrous tissue of which the ligatures are made, is absolutely inextensible. Soaking in water will make the ligatures pliable enough to tie. The objection has always been that it is too rigid.

Young's catgut is pliable, and does not slip. He is in the habit of soaking the ligatures in carbolized oil.

Dr. T. M. Drysdale wished to emphasize the remarks of Dr. Goodell as to the uselessness of catgut ligatures for ovariotomy. He had seen it used, and abandoned as worthless. The rapid shrinking of the pedicle after ovariotomy, makes the ligature unreliable, and the same objection applies to the silk ligature, which is cut off and returned to the abdomen, as recommended by Dr. Thompson. He recalled a case which was operated on by Dr. Pearce, ten years ago. On the second day the patient died from hemorrhage, although the ligature had been tied very tightly. He considered that the catgut was about as unreliable a substance as could be well used, on account of the shrinking of the pedicle, and the other objections that have been urged.

Dr. A. H. Smith, in answer to a question from the chair, said that the first or upper vaginal stitch, in perineorraphy, was introduced to protect the lower stitches from strain. It should be entirely embedded beneath the mucous membrane. There is no danger of fistula, because the stitch is covered throughout its whole extent, not emerging either upon the rectal or vaginal surface. In reply to Dr. Nancrede, he stated that the catgut he had used had generally been Young's, prepared with carbolized oil; that it had stretched and slipped just as much as the common violin string, and that after a very short contact with the moist tissues of the body it becomes as soft and flaccid as any that has not been in oil. So far as the slipping of the knot is concerned, it may be avoided by multiplying it until it becomes firm; but whenever the gut is used for sutures, it should be secured with shot compressed, just as in using wire. The only advantage to counterbalance the objections to the gut for use in the deep stitches of the recent perineal operation is its greater availability in private practice, from its use avoiding the painful withdrawal of the wire sutures, so much dreaded by the patient.

Editorial Department.

Periscope.

Inhalations in Laryngitis.

In a late number of the London *Medical Times and Gazette*, Dr. T. Whipham says—

In all cases of local inflammation—and this remark applies equally to local treatment, either by the laryngeal brush or by inhalation—any treatment which can be directed at once to the seat of the disease has a more immediate, and usually a more lasting effect, than that which operates by the medium of the general circulation. Inflammation of any portion of the skin, for example, due to *external* cause, is far more successfully treated by poultices, lotions, such as lead and opium, or even by cold water, than by diaphoretics, diuretics, or depressants alone.

Now, inhalations have this decided advantage over the laryngeal brush, that they are less alarming to the patient—a matter of no slight importance when the aperture of the glottis is diminished either by swelling or by paralysis of its muscles; that by them the topical treatment can be maintained for a much longer period, and can be repeated at frequent intervals; that in the case of vapors the soothing effect of heat is combined with the specific action of the drug.

Various drugs have proved beneficial when so administered; but it must suffice on the present occasion to mention one or two of those which have brought about the more satisfactory results. Of medicated inhalations, perhaps the most grateful to the patient are those of benzoin and acetic acid, the formulæ for which are given in the "Throat Hospital Pharmacopœia, viz.: for the former, a drachm of compound tincture of benzoin in a pint of water at 140° Fahr.; for the latter, half an ounce of acetic acid and of glacial acetic acid are to be mixed together, and of this mixture two teaspoonfuls are to be poured into a pint of water at the same temperature, of which the vapors should be inhaled, either from a narrow-mouthed jug or from an ordinary inhaler. The sedative action of these drugs in many cases gives speedy relief to the symptoms. If much spasmodic cough trouble the patient, the vapors of acetic ether, hydrocyanic acid, and conium produce excellent results. These preparations may be used at frequent intervals during the prevalence of the more urgent symptoms, due caution being exercised with regard to that containing hydrocyanic acid. In the event of there being great irritability of the fauces, etc., in consequence of which any application by means of the laryngeal brush is distressing to the patient, local remedies, such as chloride of zinc, may be employed in an atomized form in Siegle's inhaler, or the hand-ball spray producer. A solution of this salt or of the sulphate may be employed in the proportion of two to five grains to the ounce of distilled water, but should be used more sparingly than the above-mentioned inhalations. One caution should be given to the patient in this method of treatment, viz., that he should avoid all undue exertion in the act of respira-

tion. As a rule, a person who is directed to inhale literally sets to work to perform as many deep inspirations as possible during the time the inhaler is before him. In the first place, this is unnecessary in laryngitis, where the application is merely required for the upper part of the air-passages; and in the second, he adds greatly to his trouble by wearying himself in the process.

In the intervals between the inhalations, topical remedies may still be continued by means of lozenges, but this method can only be employed when the patient's breathing is, comparatively speaking, tranquil. If there be any dyspnœa, it is obvious that the lozenges would be utterly out of place, and probably dangerous, as being liable to be drawn into the larynx. Those composed of extract of lettuce as a sedative, or of citrate or tartrate of potash as a sialogogue, in cases where a dry, hot condition of the mucous membrane of the mouth or throat is a prominent symptom, I have found extremely serviceable. Being made up with black-currant paste, they are more or less pleasant to the taste. Should the patient be harassed by constant cough, efforts should be made to allay it, as it tends to keep up the existing hyperæmia; in such cases the morphia-ipecacuan lozenge (B.P.) frequently has the desired effect.

The Stomach Bandage in Ascites.

Mr. S. Mackenzie urges the value of firm bandaging in dropsy of the abdomen. He gives a case in the *British Medical Journal*, from which we quote the portion referring to his treatment.

March 30th. The abdomen now measured thirty-six inches; its summit was about three-quarters of an inch above the level of the sternum, and it was flat on the surface. The edge of the liver could now be felt three inches below the point of the xiphoid cartilage. No irregularities could be felt on the surface of the liver.

May 11th. The condition of the patient appeared stationary. There was still a considerable amount of fluid in the peritoneal cavity. She passed about forty ounces of urine in the course of the twenty-four hours. *The abdomen was ordered to be tightly bound* with a flannel bandage, so as to exercise pressure.

June 4th. When the bandage was first applied to the abdomen, the pressure caused a feeling of sickness, but soon the patient bore it without discomfort; in fact, it appeared to afford her relief. The measurement around the abdomen, at the level of the umbilicus, was now thirty-three inches. She passed about thirty to forty ounces of urine daily, and did not perspire much. I now ordered a properly-made abdominal support to be constructed for her by the instrument maker. It was arranged with straps, so that it could be tightened to a very considerable degree.

June 29th. The patient expressed herself, and appeared to be, in good general health, but she was still much wasted. The abdomen looked much smaller, and measured thirty-one and a half inches at the level of the umbilicus. There was pseudo fluctuation on percussion, but it did not convey the impression of being due to fluid. The liver could be felt in the same situation as before. Its surface was smooth, its edge firm, sharp, and regular. The spleen was not to be felt in the abdomen. Its dullness reached the seventh rib in the axillary line. She passed, on an average, fifty to sixty ounces of normal urine daily. She ate and slept well. She was now allowed to get up, but was directed to continue wearing the abdominal support. The latter, owing to the diminution of the size of the abdomen, had required to be altered. After being up in the ward for a few days, the patient was allowed to go into the garden; and there then being no reaccumulation of fluid in the abdomen, she was made an out-patient. This was in July, 1875. The patient has been continually under my observation from then until now. She has had no recurrence of the ascites. Her general condition of health is feeble, but she is able to do her household work and earn her living. Unusual exertion causes slight œdema of the feet. She has never had albuminuria.

Lessons in Ovariotomy.

Mr. K. Thornton, of London, read, in February, before the Harveian Society of London, a paper on *Unsuccessful* Ovariotomy. He said he had learned more from his ten unsuccessful cases than from his more numerous successful ones. Septicæmia was the great cause of mortality to be dreaded; and the adoption of the antiseptic treatment had improved the chances of life. Of the ten unsuccessful cases, seven occurred in his first twenty operations; two in the second twenty; and one in his third twenty cases. He had only had one death in his last thirty-three cases. He then gave an account of these ten cases. In one there was fullness of the remaining vascular area, from the ovarian tumor becoming bloodless previously to its removal. The same thing was seen, but to a less extent, after tapping. In these cases venesection, full and free, was often most effective. In another case, the adhesions to the liver and spleen caused injuries to these viscera, but the hemorrhage ceased when the abdomen was closed; and, on *post mortem* examination, the injuries were found glazed over with lymph. In another case there was hemorrhage which might have been avoided. The pedicle was broad and spread out; and, when transfixed and ligatured, such pedicles are apt to slip, and bleeding to result. His last case had died of acute pleurisy. His conclusions were as follows. 1. Avoid tapping, if possible, as it clouds the prognosis. 2. Operate early. 3. Examine every organ as thoroughly as the one to be operated upon. 4. Never operate without perfect antiseptic precautions, perfect in Mr. Lister's sense. Every student ought to be compelled to study antiseptic treatment.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——"Medicine, the Present and Future" is the subject of an address to the graduating class of the Evansville Medical College, by Dr. J. W. Compton (reprint from the St. Louis *Medical and Surgical Journal*). The address of Dr. C. R. Miles, of the Medical College of the State of South Carolina, has also been separately published.

——Dr. Reuben A. Vance has made many valuable contributions to the surgery and diseases of the rectum. One of his most recent is on the Valves of Houston. Reprint from the Cincinnati *Lancet and Observer*.

——A very well prepared essay on Certain Symptoms of Nervous Exhaustion, by Dr. George M. Beard, of New York, has been reprinted from the Virginia *Medical Monthly*.

——Naso-pharyngeal Catarrh is described by Dr. M. F. Coomes, in a reprint from the American *Medical Bi-weekly*.

——In a pamphlet of 93 pages, Dr. J. Hilgard Tyndale, of New York city, reviews "The Present Status of the Pathology of Consumption and Tuberculosis. He states that it is an "outline of the present accepted theories in regard to the pathology of pulmonary phthisis.' From a rather hasty examination of some of the assertions the author advances, we should doubt if various of his theories are "accepted" by the majority of leading pathologists. Indeed, several of his statements of the relation of scrofula to tubercle are certainly discrepant from those generally taught. He makes himself understood, however, and that is something in pathology.

BOOK NOTICES.

The Law of Population. Its Consequences and its Bearing upon Human Conduct and Morals. By Annie Besant. New York, A. K. Butts. pp. 47. Price 50 cents.

Mrs. Besant, in this work, gives her reasons for believing that population should be checked by the prevention of conception. She first shows why, and then she tells how. As a married woman of experience and a great moral teacher, she rushes right in where an ordinary wise man fears to tread. That her book will do harm we doubt, that it will do any good we question, and that readers will find in it the particular information for which, as a rule, they will turn to it, we note will not be the case.

How to Take Care of Our Eyes; with Advice to Parents and Teachers with regard to the Management of the Eyes of Children. By Henry C. Angell, M.D. Boston, Roberts Bros. pp. 72. Price 50 cents.

Part of these essays appeared in the *Atlantic Monthly*. They are of a popular character, neatly illustrated, free from technical terms, and clearly expressed. Some test types are added, and the sanitary advice on the care and use of the organs is sound, and though familiar to professional men, is so often neglected by those having the care of children, that it is a good thing to have a little work one can recommend, containing just such matter as this one.

Practical Chemistry for Medical Students. Specially arranged for the first M. B. course. By M. M. Patterson Muir, F.R.S.E., etc. London, Macmillan & Co., 1878. Cloth, 12mo, pp. 64. Price 60 cents.

This is one of the small cramming manuals so popular with English students. It is good of its kind, and for about a week before examination would be of decided value to the negligent student.

Litholapaxy, or Rapid Lithotrity, with Evacuation. By Henry J. Bigelow, M.D., Professor of Surgery in Harvard University, etc. Boston, A. Williams & Co. pp. 42.

The gist of this monograph has already appeared in various medical journals, but the eminent author has done well to republish his observations in book form. The method he recommends is a decided advance in the practice of lithotrity. He crushes the calculus rapidly and completely at one sitting; evacuates by a large tube with an elastic exhausting bulb, enlarging the meatus if it is small; and attacks larger calculi than those hitherto managed by the lithotritist. A number of special directions and precautions are added, which, if observed, go to make the operation by no means so formidable as it has usually heretofore been considered by surgeons.

THE

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D. G. BRINTON, M.D., EDITOR.

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MINISTERS AS MEDICAL AUTHORITIES.

In the primitive stages of civilization the vocations of physician and priest are always united. The untutored mind of the savage sees in sickness a manifestation of the anger of the gods, or else the result of the supernatural craft of some enemy. He seeks to avoid or to remove it by religious acts, by sacrifice and penance, or by charms and amulets. In such social conditions the "medicine man" is also the one who performs the religious rites, and his medicaments, if he uses any, are aided by prayer and exorcism. Æsculapius was the son of Apollo, and the pupil of Chiron, and from such divine origin and tuition derived his skill in remedies.

To this day, many survivals of this ancient and general belief are discoverable in the popular mind of even the most cultivated nations. Certain diseases, especially syphilis and gonorrhœa, are yet widely regarded in the light of penalties attached by the gods to illicit acts (in spite of the fact that they frequently are found without any such antecedent); and the religious world opposes their prevention, and even their cure. Not unfrequently, we have heard devout people refer to cases of illness and accident as "judgments" on persons for their misdeeds. If a boy is drowned who goes boating on Sunday, if a free liver is attacked with gout, or if a dissolute man is shot in a brawl, these instances are utilized to point the moral that such actions are visited with such results by divine appointment, as warnings to the unconverted.

As now-a-days physicians who have been properly trained in rational medicine sympathize very slightly with such notions, they are often looked upon with undue suspicion by religious people, and especially by their ancient colleague, the clergyman. The latter does not like the positive logic of the natural sciences; and it has become only too obvious that his influence is much more frequently exerted against than for the aims of rational medicine.

This was well put in an open letter from Dr. S. S. Clark, of Vermont, to the Rev. J. E. Rankin, D.D., of Washington, published in the *Transactions* of the Vermont Medical Society. That clergyman had overflowed in a commendatory letter of a secret cure for Bright's disease, and Dr. Clark addresses him as follows:—

"I have often heard it proclaimed from the pulpit that people would steal the livery of Christ to serve the devil in. It is no less a trite saying among physicians that it is one of the tricks of the empiric to get Rev. ——'s name attached to their universal panacea, recommending it to cure all and every disease human flesh is heir to. You can hardly open a newspaper or almanac without finding some Rev. gentleman's name thus used. Why is it? It cannot be that there is real worth in the compound, because we find that many of these mixtures are utterly worthless; and yet, this is not enough: when their sands of life are nearly run out, 'send six cents more for an infallible recipe.'

"Now, I should like to know if there is so great a humbug that you could not find a clergyman to endorse it. I know some honorable exceptions to this rule, but, as a class, far too many are guilty of the accusation. Have we not always extended the courtesies of our profession to them, giving them and their families gratuitous services, or at least for a nominal price, and too often in return finding them setting aside the prescription of some skillful physician, and endorsing and recommending some noisy empiric? Is it because they look upon the science and practice of medicine from the same standpoint as religion, and consider it a mere matter of faith, not capable of scientific demonstration? or do they fail to perceive that the whole spirit of the profession of medicine is founded upon that broad humanitarian principle which acknowledges no secrecy, but admits all facts that can be demonstrated by experience, from whatever source they may be derived? Do they fail to perceive that there is but one school of medicine which embraces all scientific truths, every known remedy of value, commonly known as Rational Medicine, while there are many schools teaching peculiar dogmas or tenets, which are embraced in the former, if of any value?"

The general answer to these questions is that while rational medicine, like all departments of natural science, is founded upon a rigid logic which admits no effect without adequate cause, and absolutely excludes every cause of the so-called "supernatural" class, the clergy, with rare exceptions, will not admit this logic, for fear it will hurt religion. They prefer to be guided by sentiment, emotion and faith, rather than by reason; they teach others to distrust purely intellectual processes, and set the example themselves; their humanitarianism is often limited to "the household of faith;" and they fail to appreciate how often what they call "sin," and what they point to as its penalty, are both misfortunes only.

There are, indeed, noble exceptions to this; men like the late Frederick Robertson, who welcome every advance of science, and fear nothing from the most rigid reasoning; but they are scarce; and until they become plentiful, we need not expect this quiet opposition between the two professions to cease. It is our duty, however, to do what we can to show the public that a man who writes Rev. before, or D.D. after his name, is not any better, but rather is worse, authority on matters medical, than a plain Mr. or Esq.

Notes and Comments.

Myositis Ossificans.

At the Vienna Medical Society, Docent Dr. Nicoladoni presented a girl, seven years of age, as an example of a very rare affection of the muscles, viz., ossification of the muscles of the trunk and limbs. The disease had been going on for about a year, commencing in the muscles of the neck, whence it extended to the spine, the anterior part of the thorax, and the limbs. On each side of the spine a rigid line (sacrospinales) extends. The scapula is fixed to the thorax; and in the cervical regions are found fibrous cords containing bony plates. The right knee-joint is contracted, and the pectorales are almost entirely ossified. There are only three similar cases on record.

Two Analyses.

A correspondent sends us the following:—

Zinc in Stoppers.—India-rubber stoppers are used by some pharmacists to stopper bottles. A stopper was digested in water acidulated with sulphuric acid, thence filtered. Chlorohydric and sulphydric acids did not produce any precipitates. A precipitate was formed by the addition of ammonic sulphide; it was white.

The stronger acids dissolved it. The fixed alkaline hydrates and carbonates produced similar precipitates. Zinc, therefore, exists in these stoppers. The zinc, I think, exists as carbonate.

Chromate Lead in Cocoanut Cake.—These "cocoanut cakes" are spheroidal and flattened in form, and have a *yellowish color*. They are found, when properly examined, to contain an appreciable quantity of chromate of lead. They must have a dangerous effect on those eating them. The practice of coloring them should be prohibited.

The Cauterization of Nævi.

Dr. Thiersch applies over the surface of the tumor a little plate of copper, pierced at regular and short distances with small holes. Through these he passes a needle mounted in a cork, and previously heated in a spirit lamp. The cauterization is thus effected very regularly. The same method is applicable to the linear division of the skin by a cutting needle, recently recommended by Mr. Balmanno Squire.

Daltonism.

M. Fabre recently communicated a note to the Academie des Sciences, "On Daltonism: Sanitary Precautions and Preventive Means." The following are his conclusions:—1. Daltonism consists in ignorance or confusion of colors. 2. There are in France more than 3,000,000 persons affected with Daltonism. 3. The number of females attacked, as compared with men, is about one to ten. 4. In nine out of ten cases it may be easily cured in young subjects. 5. The best means of treatment consists in methodical exercise of the eyes on colored objects. 6. The women of a family ought to undertake the development of the chromatic sense in children, and especially those who may commit errors in the denomination of colors. They should be careful not to ridicule these "Daltonians." 7. In future no one ought to be admitted into the service of the railways, the marine, or schools of painting, without an examination as to colors. 8. Ignorance of colors should not exempt from service in armies by land or sea, but the "Daltonians" should never be entrusted with any service connected with colored signals. Regular exercises in colors should be instituted, both in the marine and the army. 9. Examinations and exercises in colors should be established in all schools.

On High Temperatures During and After Convalescence from Enteric Fever.

In the *Lancet*, May, 1878, Dr. Donkin records a case where a young nurse, aged 19, was under observation from January 13th until April 25th, during which period she passed through an attack of typhoid fever, the remarkable point of her illness being the occasional high temperatures, that lasted for only a short period, and reached in the axilla 108° to 110°, while, shortly afterward, the temperature in the mouth as well as in the axilla registered only 97° to 96°. On February 2d, at 2 A.M., 110° was registered, falling rapidly to 102°, 100°, 99°, and 98.5°. In the next hour 104° was noted, and on February 3d, at 5 P.M., 109 6°. Temperatures as high as 105° and over were registered, every evening, till the 15th; 108.6°, 109°, 107.6°, 107.2°, 109.6°. On the 19th there was an early morning temperature of 109.4°.

Elastic Crayons of Nitrate of Silver.

M. Pajot (*Annales de Gynécologie and Gazette Obstet.*, No. 21) takes a laminaria tent two millimetres in diameter, dips it in thick mucilage, and then rolls it in finely powdered fused nitrate of silver, and allows it to dry. He thus obtains an elastic crayon of the ordinary size, which may be introduced into the uterus without fear of breaking. He believes this means to be applicable to other cavities, and for other more powerful caustics.

CORRESPONDENCE.

FOREIGN

Brief Notes from London.

ED. MED. AND SURG. REPORTER:—

While at one of Sir. Henry Thompson's private lithotrity operations to-day, I observed that Mr. Clover, a surgeon of some note, was employed to administer the anæsthetic, which consisted of nitrous oxide followed by chloroform, by means of Mr. Clover's apparatus. This latter gentleman makes a specialty of the administration of anæsthetics, and is employed and paid by the operating surgeons of London requiring his services, and I am informed has all he can attend to in this branch. Sir Henry Thompson is a quick operator with the lithotrite, grasping one fragment of a calculus after another within the bladder, with a facility that can certainly only come from long use of this instrument. He is a man of strongly-marked nervous temperament, and looks much more like an American than an Englishman.

He is of spare build, with rather large eyes, and long flowing moustache; of courteous but very decided manner; he is an artist of considerable merit as well as a great surgeon. I note these characteristic features of the man, as I presume that many Americans, like myself, who have read this distinguished man's writings, have formed ideas of his physical character that were as far out of the way as were my own.

At Guy's Hospital, to-day, I was shown, by Mr. Bryant and Mr. Forster, of the staff, a case of malignant pustule which was treated by excision; the former distinguished surgeon and author informed me he had never seen a case in his life until recently. In Mr. Calley's service there have been several cases, also, recently. In the wards of Guy's the successful cases have all been treated by excision of the pustule and surrounding cellular tissue as early as possible, under the antiseptic spray of Lister, with large doses of quiniæ sulph. internally, and stimulants (vinous). All of the patients who have suffered from this disease were employed either in tanneries or along the docks, where it became part of their duty to handle the hides of cattle.

The carbolized spray was used by all the surgeons whom I saw operate to-day at Guy's hospital, excepting Mr. Bryant. A member remarked to me that he also would come to it soon.

Dr. J. Marion Sims, our distinguished countryman, now in Paris, whom I have had the pleasure of meeting frequently, and to whom I am deeply indebted for many courtesies, is now using the carbolized spray in his operations, in Paris and London. Dr. Weecer, the eminent ophthalmologist of Paris, whose clinics are immense, has also begun the antiseptic dressings after the extraction of cataracts.

The gratuitous work done at hospitals and dispensaries, by the distinguished men in our profession, abroad, is something wonderful.

I met Professor Wm. Pancoast, of the Jefferson Medical College, to-day, at the private operations of Sir Henry Thompson: he is en route for Paris. W. H. Daly, M.D.

DOMESTIC.

High Temperature in Typhoid Fever.

Ed. Med. and Surg. Reporter:—

The following case of typhoid fever, which occurred during my term of service at the Mercy Hospital, in this city, is reported on account of the unusually high temperature and the consequent unexpected recovery of the patient. Several prominent writers affirm that a temperature of 108 degrees in typhoid fever is *always fatal*, showing that even distinguished men may make mistakes as regards prognosis.

Case.—Michael D., aged twenty-seven years, admitted May 30th, 1878, his history being that of previous good health, strong and robust constitution, well developed, muscular, and weighing about 160 pounds. At the time of his admission had been sick four days, and presented all the ordinary symptoms of enteric fever, such as dullness of intellect, general soreness, spinal pains, cough, epistaxis, tongue dry and heavily coated, with tympanites, and evening temperature of 104°. This was on the fourth day of the fever. During the next three days the case ran the ordinary course as to temperature and all other symptoms, the afternoon temperature being from 104° to 105°. On the fourth day after his admission, or eighth day of the fever, the morning temperature was 105°. On my arrival at the hospital, in the afternoon, I was informed by his attendant that the temperature at that time was 109°. Thinking the thermometer must be wrong, I used another, and found it to register the same. Pulse 118, and respiration 54 per minute, there being no pulmonary complication, except slight congestion, to account for the hurried breathing. His tongue was hard and dry, and patient in a comatose condition. I made use of the cold packing, with ice to the head. After this treatment had been continued for half an hour the temperature was reduced to 107°. Encouraged by this reduction of temperature, and the treatment producing no bad symptoms, I ordered the patient's body to be thoroughly sponged with cold water every two hours, and ice to be kept constantly to the head; also, internally, the following:—

℞.	Quiniæ sulph.,	grs.ij
	Acid muriat.,	gtt.v
	Tinct. digitalis,	gtt.xxx.

To be given every four hours; also one tablespoonful of spiritus frumenti every second hour. On my next visit, twenty-four hours afterward, I found morning temperature had been 102°, and at the time of my visit, 3 P.M., 103½°; patient more conscious; able to recognize those around him; tongue less hard and dry; respiration 27 and pulse 96 per minute.

The rose-colored eruption, tympanites, and diarrhœa had by this time fully appeared, showing that we were dealing with a genuine case of enteric fever. The cold sponging and internal treatment, with the addition of fifteen minims of spirits of terebinthina added to each dose of spiritus frumenti, was ordered to be continued, the patient taking sufficient nourishment in the shape of milk, beef tea, etc.

On next day temperature same as on previous day, but other symptoms more favorable. From this time he continued to improve, running the ordinary course of the fever without any unfavorable symptoms. To-day, the the twenty-fifth day of his illness, temperature and pulse are normal, appetite good, and patient sitting up, waiting to be discharged from the hospital.

In this case nothing new is claimed by way of treatment, and the case is only reported to show that very high temperature in typhoid fever is not necessarily fatal.

D. A. Hengst, M.D.

Pittsburgh, June 20th, 1878.

Eczema Marginatum of Scrotum and Thighs.

Ed. Med. and Surg. Reporter:—

A case answering to the description of this disease given by Prof. Van Buren, in his work on "Diseases of the Genito-urinary Organs," has been successfully treated lately, in my practice, by hydrate chloral. The patient had been tormented by it for about fifteen years, and had tried a variety of remedies with either temporary or no relief. The paroxysm of nervous erethism, only to be relieved by scratching off the scales formed by the drying of the moist exudation caused thereby, recurred with great regularity, usually about bedtime, occasionally at intervals during the day. All treatment had been abandoned except perfect cleanliness by baths, the chronicity of the disease, as usual in chronic diseases, having mitigated its severity, and habituated the system to its existence. I was induced to use hydrate chloral from having seen a cure of several cases of prurigo by hyd. chloral, ʒiij to water, ℥iv. The strength of solution used was ʒj to ℥j. After cleansing well with water, and drying the parts before using the wash, the solution was well rubbed in once a day, for four or five days, with relief from the first application. The patient has been completely cured for some time past, and if not cured comforts himself with the belief that his enemy can always be controlled, if it should return. No doubt the disease is common enough, and it is far better to be relieved "*tute, cito et jucunde*" by a simple remedy, than by the strong applications generally used for this class of eruptions. The success of treatment goes to prove that the disease is of parasitic origin, and the remedy a parasiticide as well as an anæsthetic. From analogy, one would suppose that chloral used by gargle or atomizer would be an excellent application to diphtheritic membranes. It is quite likely it has been used in diphtheria, but I have seen no mention of it. Though one case be no test of the excellence of any remedy, the result of this one may warrant a trial of chloral in a similar case.

Brunswick, Ga. R. Hazlehurst, M.D.

Fracture of the Middle Third of the Femur, With an Ulcer Surrounding the Ankle.

Ed. Med. and Surg. Reporter:—

On the 2d of May I was called to Millhall, to consult with Dr. McCloskey as to the expediency of amputation, on account of an ulcer. On arrival at the village, I was informed that the case was one of charity to the borough; that the patient had but one leg, that fractured, with an ulcer surrounding the ankle; the other leg having been amputated some years previous on account of an ulcer similar to the one now existing on the broken member; and many of the citizens, in consideration of this amputation, deemed it altogether imprudent to endeavor to save the broken limb. However, in a short time, accompanied by Dr. McCloskey and my student, Charles W. Musgrove, I arrived at the bedside of the patient, a man, with a fracture (oblique) of the middle third of the femur, produced by a fall. An indolent ulcer, of fifteen years' standing, surrounded the ankle, measuring from three to five inches in breadth. The patient informed us that he had always enjoyed good health; that both father and mother were healthy; never had any venereal disease; no swelling of the glands, etc. The ulcer never appeared to interfere with his general health. Considering the history of his past health, with the present favorable condition, and the great necessity of preserving this only leg, we resolved to give the osseous cells a chance at reparation; for this purpose we placed the limb in a silicate of soda dressing, starting it about two inches above the ulcer, five layers in thickness, extending well up on the hip. Applied a three-pound weight, for the purpose of keeping the limb quiet. Dr. McCloskey then took charge of the case, but as it was a novel one to me, I made weekly visits. About the third week the ulcer presented a marked improvement, and when we removed the dressing, at the end of nine weeks, not only did we have the pleasure of finding the bone perfectly united, but the ulcer healed, all but two small places, the largest about one inch long and half an inch wide. In conclusion, I must say, notwithstanding the existence of a chronic ulcer, in a practice of twenty-five years, I have never witnessed a more satisfactory cure in any bone. Yours, etc., R. Armstrong, M.D.

Lockhaven, Penn.

Bee Stinging as a Therapeutic Measure.

Ed. Med. and Surg. Reporter:—

In the 13th of July, 1878, number of the Reporter, on page 44, I find a notice of a story from the German papers, of bee-stinging as a cure for gout and rheumatism. Believing you would be interested to know that the remedy has a wider range of application, allow me to call your attention to a case reported in Vol. III of the *Transactions of the Iowa State Medical Society.* The case was soft cataract, much benefited by one stinging, and positively well after a second application of the same remedy. In the discussion which followed the reading of the paper in the Society, some members were disposed to censure the Doctor—Noyes—that he failed to report the family and gender of the bee, and some thought that, in the interest of the profession, he should have secured the whole swarm from the sting of whose members these results could be expected.

S. E. Robinson, M.D.

West Union, Iowa, July 17th, 1878.

Personal.

Dr. Edward C. Spitzka, of New York City, has secured the prize offered by Dr. Hammond, of that city, for the best essay *On the Physiological Action of Strychnia on the Brain, Spinal Cord, and Nerves.*

News and Miscellany.

The International Congress of Hygiene.

A Parisian correspondent writes—

The International Congress of Hygiene, which will be opened on the 1st of August, at the Palais of the Trocadéro, promises to be one of the greatest events in the annals of sanitary reform. This Congress has taken months to organize; and, to ensure practical results, the proceedings will be conducted according to an original and modified method. The meetings will be held twice a day. The first, from 9 A.M. till midday, will be devoted to the examination of questions left to the initiative of individuals. Foreign visitors will then have a good opportunity of bringing forward any special subject with which they may be familiar. The second sitting will be held from 2 to 5 P.M., and will be reserved for the discussion of the six questions proposed by the organizing committee. The questions may be grouped under the following general headings: 1. Infant mortality. 2. The pollution of water courses. utilization of sewage, etc. 3. Food and its adulteration. 4. The dwellings of the poor. 5. Injurious trades and industries. 6. Infectious diseases.

Medical Customs in England.

A gossipy correspondent of Harper's *Bazar* says, in a recent letter—

Another question of English expenditure totally misunderstood by Americans is the system of paying or engaging "medical men" and physicians. A lady friend afflicted with the common result of an English winter—bronchitis—asked her landlady if she could recommend a physician. "A physician, ma'am?" said the woman; "certainly; but wouldn't a medical man do as well?" Advice being all my friend required, she investigated this, to her, meaningless distinction, and found that she saved much needless expenditure by sending for a "medical man" instead of a "physician." The latter class of practitioners in England are only employed in special cases of illness, while the "medical man," in every sense as good a doctor, is a general practitioner, supplying his own medicines, and charging in fees only about one-fourth as much as the "physician." It is more a social than an educational distinction, and yet one of those peculiar questions which nothing but a residence among English people can elucidate. Five shillings (about $1.25) is the ordinary charge of an English medical man, while the physician's fee ranges from £1 to £10. And, by the way, it is customary, when attended by a physician, to place his fee (usually a sovereign) in his hand just as he is leaving the room after each visit. With the medical man, however, it is the rule to pay his account altogether, "after all is over."

OBITUARY.

JOHN EVANS, M.D.

On the 13th of June, 1878, at his residence, near Port Deposit, Cecil county, Maryland, Doctor John Evans, in the sixty-eighth year of his age. Dr. Evans resided for many years at Havre de Grace, Harford county, Md., and practiced his profession very extensively in Harford and Cecil counties for nearly half a century. He was widely known as a surgeon of great ability, and occupied a very eminent position in that department of the profession. He was also skilled in the practice of medicine and obstetrics.

Dr. Evans was for many years a member of the Medical and Chirurgical Faculty of Maryland; and a member from its inception, of the Medical Society of Harford county, Md.

A special meeting of the Medical Society of Harford county was called to take action regarding the death of Dr. Evans. The meeting was held at Havre de Grace on June 29th, when the following resolutions were unanimously adopted:—

Whereas, This Society having recently lost, by the hand of death, one of its most valued members, and confessedly one of the ablest surgeons in our State, in the person of Doctor John Evans; Therefore, be it

Resolved, That we place on record our testimony to his many virtues in his daily walk as a man, and our high estimation of his knowledge and skill as a physician and surgeon.

Resolved, That while we are inconsolable for the great loss we have sustained in the death of our friend and fellow laborer, Doctor Evans, we are yet thankful that his life was preserved so long as it was; and the greatness of our sorrow is tempered with the knowledge that he accomplished so much good during his years upon earth, and, through his peculiar skill in his profession, afforded relief to the sufferings of thousands of his fellow men, who now call blessings upon his memory.

Resolved, That we shall always cherish his memory, ever having found him a modest, unassuming gentleman, a true, warm-hearted friend, a sterling man, an honorable, upright citizen, and a physician and surgeon second to none, whose loss cannot easily be replaced.

Resolved, That we tender our heartfelt sympathies to the sorrow-stricken widow and the children—for great, indeed, has been their loss—with the assurance that many, not connected by such close ties of relationship, sincerely mourn with them over the loss of a good and kind-hearted friend.

Resolved, That the Secretary be instructed to furnish an engrossed copy of these resolutions to the family of the deceased; and copies for publication in the Philadelphia Medical and Surgical Reporter, and the newspapers of Harford and Cecil counties.

Remarks, showing the high appreciation in which the deceased was held, and the sad feelings occasioned by his loss, were then made by Drs. Bromwell, Roland and McCullough, of Cecil, and by Drs. Martin, Cochran, Forwood, and by the President, Dr. W. W. Hopkins, of Harford county. The Society then adjourned.

W. Stump Forwood, *Secretary pro tem.*

MARRIED.

Shirey—Spiker.—At the Central Hotel, Cadiz, Ohio, by Rev. T. S. Hodgson, James L. Shirey, M.D., and Miss Anna Spiker, both of Tippecanoe, Harrison county, Ohio.

DEATHS.

Culbertson.—In Piper City, July 14th, 1878, of cholera infantum, Ira DaCosta, infant son of Dr. Samuel D. and Clara K. Culbertson, aged five months.

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CONTENTS:

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

DUHRING, LOUIS A.—A Case of Tinea Tricophytina Unguium..... 89
BLACKWOOD, WILLIAM R. D.—Cases in Practice Treated by Electricity..... 92

HOSPITAL REPORTS.

Hospital of the University of Pennsylvania—Service of Louis A. Duhring, M.D.—Tinea Tonsurans of Unusual Form, with Tinea Circinata; Purpura, of Unusual Form..... 96

MEDICAL SOCIETIES.

Philadelphia County Medical Society.—Tinea Tricophytina Unguium; Twins with Single Placenta; Tracheotomy in Croup; A Case of Separate Investment of the Palato-glossi Muscles..... 98
College of Physicians and Surgeons, Philadelphia.—Accidental Entrance of a Centipede into the Nostril; Gunshot Wound of the Abdomen, Perforating the Ascending Colon..... 100

EDITORIAL DEPARTMENT.

PERISCOPE.

The Diagnosis and Treatment of Idiocy in Early Life..... 101
Gonorrhœal Testis..... 101
Electrolysis of Scrofulous Lymphatic Glands.... 102
The Impurities and Tests of Chloroform..... 102

REVIEWS AND BOOK NOTICES.

Notes on Current Medical Literature..... 102

BOOK NOTICES.

Fownes' Manual of Chemistry, Theoretical and Practical (Watts)..... 103
Transactions of the American Gynecological Society..... 103
The Atlantic Islands as Resorts of Health and Pleasure (Benjamin)..... 104
The Throat and its Diseases (Browne)..... 104

EDITORIAL.

PREMIUM LIST FOR 1878..... 105
ALCOHOLISM AND ITS MANAGEMENT..... 105

NOTES AND COMMENTS.

Aural Furunculi..... 106
Remarks on Muscæ Volitantes..... 106
Abscess of Lower Lip, Attributed to Poisoning by Paris Green..... 107
Physiology of the Vagus Nerve..... 107
The Antiseptic and Therapeutic Properties of Boracic Acid..... 107

CORRESPONDENCE

A Hard Knot in the Umbilical Cord (Stern)..... 108
Case of Placenta Prævia (Peaslee)..... 108
A Few Remarks on Medical Reform (Mellersh). 109

NEWS AND MISCELLANY.

Death of Rokitansky..... 110
Statistics of Physicians..... 110
Yellow Fever..... 110
Personal..... 110
QUERIES AND REPLIES..... 110
DEATHS..... 110

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THE

MEDICAL AND SURGICAL REPORTER.

No. 1118.] PHILADELPHIA, AUGUST 3, 1878. [Vol. XXXIX.—No. 5.

Original Department.

Communications.

A CASE OF TINEA TRICOPHYTINA UNGUIUM.

BY LOUIS A. DUHRING, M.D.,

Professor of Skin Diseases in the University of Pennsylvania, Dermatologist to the Philadelphia Hospital, etc.

Read before the Philadelphia County Medical Society, April 22d, 1878.

The case which I have the honor of showing the Society this evening is one exhibiting a quite rare form of nail disease, designated tinea tricophytina unguium, or onychomycosis trichophytina. The condition may be briefly defined as an invasion of the nail by the vegetable growth known as the tricophyton. Not only the surface, but the entire substance of the nail is thus affected, causing opacity and yellowish discoloration, together with increase in bulk, more or less fissuring, fracture, and ultimately crumbling of the nail. The notes of the case are as follows:—

The patient, J. D., is a single woman, of medium size, but of spare frame, twenty-five years of age. She has light brown hair. Her occupation is that of a weaver, which she has followed for a number of years. She looks weakly and frail, but according to her statement she has until lately always enjoyed average general health. Her father and sister died of consumption.

The nail disease manifested itself about six years ago, two nails, the thumb and index finger of left hand, being attacked at the same time. These were involved to about the same degree that we now see the index finger nail of the right hand. The disease first showed itself around the free border of the nails. It gradually, in the course of six months, took possession of the whole of both nails, after which, without treatment, it slowly disappeared, so that by the end of the year from the commencement these two nails were again perfectly healthy.

About four months after the two nails just referred to were invaded, "ringworms," as she terms them, made their appearance on the fingers of the diseased nails. They gradually crept up the fingers, over the back of the hand and wrist, and later appeared upon the arms and upon the general surface. She states that she has had these lesions (and there is, from her description of them, every reason to believe that they were truly patches of tinea circinata), off and on, quite constantly, for the last five and a half years. They have occurred chiefly about the wrists and knees. They would very frequently completely encircle the wrists, and were always of a more aggravated type on the left than on the right wrist. They were particularly prone to occur in the flexures of the knees. They were also of very frequent occurrence about the back of the neck and around the waist. The face never manifested any signs of the disease. The lesions of tinea circinata over the general surface were of all sizes, from a split pea to a silver half-dollar, beginning usually as irregularly rounded, split-pea sized patches, and in time forming smaller or larger rings. Often they would coalesce, constituting variously sized irregularly shaped, more or less indistinctly defined patches. They lasted a variable time, from a few weeks to as many

months. She states that she has often counted upon her a dozen or more distinct lesions, and that since the commencement she has certainly had hundreds of them. They were never very red nor inflammatory, but were very itchy.

As stated, two finger nails were attacked four months before any disease of the skin appeared. About one year later the other nails began to be affected in the same manner as the first two nails, so that within a year and a half all the nails which are now involved had been attacked. The thumb-nail of the right hand, which was one of the two nails first invaded, was very badly diseased, even more so than any at the present time. The thumb was, for some time, very much swollen, so that she was unable to wear a glove. It will be remembered that this nail recovered within a year from the date at which it began, without treatment. All of the diseased nails have been better and worse from time to time, but none of them, within the last five years, have shown any disposition to return to health. They have never been the seat of any subjective symptoms. They grow, after cutting, quite as rapidly as the healthy nails.

At the present time the general surface of the body is entirely clear of disease, and she states, has been so for at least a year. She has not noticed any patches of tinea circinata during this period.

Five nails are affected; the nails of the thumb and little finger of left hand, and the index, middle and little fingers of the right hand. The other nails are perfectly healthy, and are in all respects well shapen and symmetrically formed. The toe nails appear to be sound.

As they are all very similarly involved, the same description will apply to all of them. They are firmly seated on their beds, showing no tendency to become detached. They are markedly thickened, in some places treble the normal thickness, two of them being considerably raised up, and in the form of the exterior of an oyster shell, while the others are even flatter than normal. Their surfaces are uneven, rough and rugged, depressions and eminences existing here and there quite conspicuously. Furrows are also present, running both transversely and longitudinally. Several of the nails are split up their entire length; others are not at all fissured. The free borders are in all instances broken, ragged, and more or less split to the quick. There is, moreover, marked thickening here, together with a mass of dense, soft, broken-down nail substance, of a dirty greenish-yellowish color.

The color of the body of the nails is pale-yellowish, with here and there opaque, whitish, ill-defined specks, the size of small and large pin-heads. Striæ of a greenish-grayish color, caused by extraneous matter collecting about the fissures, are also present. Here and there the nail substance is formed into irregular ridges, or a fragment of nail has become detached, leaving an irregularly-shaped cavity, or a shreddy surface. The nails are in some places soft, and can be readily scraped away, while at other points they are still quite hard, and can only be removed by paring them away.

They are manifestly involved throughout their entire substance, from their external surface to their beds, for the yellowish infiltration is seen to lie deeply imbedded. Moreover, by scraping and cutting it is seen that the disease penetrates deeply. The infiltration of the fungus exists more extensively at some points than at others, as shown by the presence of the whitish and yellowish specks referred to, representing foci of disease. All the nails, moreover, are invaded throughout their whole surface, from their borders to their roots, and from side to side.

Upon cutting into the more diseased nails, or even upon scraping them with a blunt instrument, the nail substance is found to be soft, and to break down or to split into laminæ or fragments, varying in size and shape. The free borders are much more brittle and friable than the central portion of the nails; still, the whole nail substance is noted to be the seat of more or less disease.

Under the microscope both the scrapings and parings show the tricophyton fungus in abundance. It should be stated that the specimens, previous to examination, were first soaked for five minutes in liquor potassæ, to break up the adherent cells of the nail, after which they were washed in distilled water, and examined in a saturated solution of acetate of potassium. The liquor potassæ plays an important part in destroying a certain amount of nail substance, thus rendering the fungus more clearly visible. It is in all cases an indispensable agent in the examination of the several vegetable parasites of the skin, whether attacking the epidermis, hair, or nail. Although, as has been stated, the growth is present in quantity, it will not be

found in every fragment of nail substance that may be submitted to the microscope. In many small pieces, and also in some specimens of nail dust or filings, it may not be found, or in such small quantity, and so broken, as to be scarcely recognizable. In the examination of the vegetable parasites of the skin, it is well known to those accustomed to study these structures, that it is often quite impossible to pronounce positively upon one or two spores, or a fragment of mycelium. Various formations and bodies common to microscopic fields may readily be mistaken for vegetable organisms. Indeed, where the growth is scanty, it is not very uncommon for even skilled microscopists to be mistaken, for the moment, in their interpretation of certain structures.

The growth in the present case is unquestionably the tricophyton, the commonest fungus that invades the integument of man, being found as the cause of tinea circinata, tinea tonsurans, tinea sycosis and tinea tricophytina unguium. [Specimens were here exhibited under the microscope.] It is characterized by mycelium and spores, both elements being, as a rule, in every possible state of development. In the case before us we observe that the mycelium largely predominates, there being, indeed, but few spores present in the majority of specimens examined. This occurrence is usually the case, the growth as found in the nail appearing very much in the manner as in tinea circinata. The mycelium is of all sizes and of all shapes. In some specimens it is luxuriantly developed, long, branching, and of great calibre, while in others it is small, narrow, and manifestly stunted. It varies in form and quantity with the nail upon which it exists, and with external conditions. As a rule it grows most rapidly and luxuriantly where heat and moisture are abundantly provided, whether naturally or artificially. Beyond the presence of the fungus there is nothing worthy of special note to be referred to. As in all cases of parasitic disease of the nail, whether of tinea favosa or of tinea tricophytina, the cells of the nail substance are more or less dry, shrunken and degenerated, showing here and there variously sized granules.

The notes describing the appearance of the disease, which I have read, were made previous to the patient having been placed upon external treatment, about two months since. The remedies directed consisted in the daily use of the knife, to cut and scrape the nail substance away as much as possible without causing pain, followed by the application of strong potash soap and water, with a brush, and afterward by an alcoholic solution of corrosive sublimate, three grains to the ounce. As will be seen, the nails have been considerably changed by this treatment. Internally she has been taking preparations of iron, and small tonic doses of arsenic, which I regard as important therapeutic aids in such long continued and obstinate cases of parasitic disease as the present. As a parasiticide, the hyposulphite of sodium in solution (ʒj ad. ℥j) may be favorably mentioned. It should be applied with a cloth tied on the nail, and repeated often.

Within the last month the patient has complained of a new symptom, in no way connected with the nail disease, but which may nevertheless be mentioned. She has, on some four or five occasions, at irregular intervals of a few days or several weeks, suffered from sudden and painless hemorrhages from the bowel. They have in each instance been sudden, the discharge taking place without previous warning to the patient, and unaccompanied with pain or other like symptom. In no instance has the hemorrhage been the result of undue exertion. The quantity of fluid lost varied on different occasions, from a cupful to, she thinks, several pints. It appeared to her as being quite pure blood, of a bright red color. It did not ooze, but gushed forth in volume. Only when it occurred copiously was it followed by weakness and prostration. She has never experienced any symptom of the kind before; nor has she suffered at any time from hæmoptysis, or from epistaxis. Menstruation has always been perfectly normal as to time, quantity, and duration. It has taken place normally during the past three months, and has not been influenced in any way by the hemorrhage from the bowels. The bowels have always been somewhat constipated, and are so at the present time.

Upon examination of the great toe nail of the left foot, to which the patient has lately called my attention, I find it to be opaque, and of a bright, pale-yellow color. This condition has appeared within the last month. No other nail is so affected. The form of the nail is natural, and the surface smooth and polished, the cloudiness and yellowish color being the only symptoms of disease; and were one not looking for parasitic disease the true nature of

the condition would, in all probability, be overlooked.

Within the week my attention has also been directed to several small split-pea sized, irregularly rounded, pale-reddish, slightly scaly lesions on the left forearm and shoulder, which have recently made their appearance. They are found to be the earliest manifestations of tinea circinata, the scales of which, under the microscope, show the tricophyton plainly. Thus, after an interval of more than a year these lesions again manifest themselves, and probably will continue to do so for some time, unless treated promptly and vigorously.

Disease of the nail due to the presence of the tricophyton is of rare occurrence. Köbner (*Virchow's Archiv*, vol. xxii, 1861) reports that out of one hundred cases of tinea tricophytina he encountered but two examples where the disease attacked the nails. These occurred in two sisters, children of eight and ten years, who were suffering with tinea tonsurans. Two finger nails and two thumb nails were involved in one case, and the two thumb nails only in the other case.

Purser (*Dublin Quarterly Journal of Medical Science*, November, 1865) also gives the notes of two cases, one a young lady, the other a middle-aged man. In the case of the young lady there was a previous history of tinea circinata of the finger, but no such disease existed at the time the case came under observation. With the other case there was no history of any previous tinea circinata, nor was there any disease of the skin existing at the time. One finger nail and two toe nails were attacked.

Fagge, of London (*Transactions of the Clinical Society of London*, 1868; and *Guy's Hospital Reports*, vol. xv, 1869) reports four examples. The same observer exhibited two other cases before the London Pathological Society in 1870 (*Lancet*, February 5th, 1870).

Anderson, of Glasgow, in his analysis of 11,000 consecutive cases of skin disease (London, 1872), does not appear to have met with the affection. Tinea tricophytina, according to his statement, was encountered one hundred and seventy-eight times, occurring on the general surface, scalp and beard. There is no mention of it having in any of the cases involved the nails.

White, of Boston (*Boston Medical and Surgical Journal*, 1876), in an analysis of 5000 cases of skin disease, reports one hundred and eighty cases of tinea tricophytina as occurring upon the scalp, general surface and beard, but does not speak of the disease as having in any case shown itself in the nail.

In my own experience the affection is decidedly a rare one. It has certainly been several years since I have met with a case. At the same time the condition doubtless occurs more frequently than would be inferred from these statistics, being either not brought to the notice of the physician by the patient, or, as I think is more likely the case, passes unrecognized as to the true nature of the disease.

The case that I have described is particularly interesting in the fact that the disease of the nail preceded the affection of the skin. In the majority of cases the nail disease follows the tinea circinata. The occurrence of the disease in the toe nail is also a rarity, some authors, as Dr. Fox (*Epitome of Skin Diseases*, London, p. 69), even making the statement that it is never found here. The long duration and the persistency of the tinea circinata is also worthy of remark. The facts, that two of the finger-nails that were severely attacked recovered within a year, without treatment, and that the tinea circinata recurred after a year's absence, are points that go to show that the disease, under certain conditions, even in the nail, inclines to perish of itself and that where the soil is favorable it may recur, even at long intervals, for an indefinite period.

CASES IN PRACTICE TREATED BY ELECTRICITY.

BY WILLIAM R. D. BLACKWOOD, M.D.,
Of Philadelphia.

Nearly four years since, the history of a few cases in which electricity proved of value, after the failure of other therapeutic agents, was narrated in this journal, and it is my intention now to allude to another series—a few instances only, from a very large number of cases—in which electricity, in some of its forms, was employed successfully. During the last fifteen years attention has been directed to the value of electricity in the management of disease, and although many educated physicians have investigated, practiced, and reported the results of their observations with this agent, yet the great mass of the profession ignore it, and, as a natu-

ral consequence, the remedy has largely fallen into the hands of advertising quacks. Several causes have determined this result. Unlike drugs, *e. g.*, opium, quinia, mercury, whose virtues having been proved by their repeated use in the hands of others all are able to employ them, electricity must be personally studied as a science, its power and value as a therapeutic agent understood, its adaptability to a given case determined, and the selection and application of the proper current carefully considered in each case. Without this we are merely groping in the dark, wasting the time of ourselves and patient, doing nothing for relief, but frequently making bad worse.

The management and care of apparatus has also been a drawback to the general use of electricity. Although easily mastered, the laws of electricity are almost as great a stumbling block to many physicians as they are to their patients, and the instruments themselves, requiring care to keep them in serviceable condition, are so frequently neglected as to be useless when required. It will not do to lay aside a battery after using it, as you would a stethoscope or a thermometer. Acids continue their destructive action upon plates with no respect to persons, unless proper means are used to prevent the process. Careless handling, by splashing the exciting liquid over portions of the instrument, destroys connections, and much time is spent in finding out where the defect lies, upon finding the battery out of order, although it may have been perfect in action when last used. The employment of the badly-constructed apparatus which is offered for sale all over the country is frequently a cause of loss of confidence in electro-therapeutics. Only those instruments manufactured by well-known firms should be selected, and when obtained, care should be taken to keep them scrupulously clean and efficient. The costliness of the galvanic apparatus has been an obstacle, in many instances, to its general employment. It is, however, not necessary to expend hundreds of dollars for what any one, with moderate skill in mechanics, can construct for himself, at a small outlay, with the result of obtaining a battery as serviceable, if not so handsome and elaborate, as the most expensive. The writer, some twelve years ago, arranged a battery of one hundred cells, which, so far as the battery proper was concerned, cost a little over ten dollars. The coil for faradic currents, with the necessary switches and appliances, added about an equal sum, and the apparatus yielded results equal in every respect to one costing originally two hundred and twenty-five dollars. In a future paper details of its construction will be given.

In illustration of the value of electricity as an agent in the control and cure of disease, the following cases are offered. In the first group *nervous affections* are considered; in the second *disorders of the reproductive apparatus*, and lastly attention is directed to the use of electricity in *obstetrical practice*.

First. *Nervous Affections.* No class of disease demands greater attention on the part of the physician than diseases of the nervous system, and none are more intractable in their management.

Case 1. A. L. The patient, a delicate girl, 19 years of age, presented herself with a history similar to that of three sisters, all of whom suffered severely from hysteria. She had been thoroughly saturated, by the physician attending her family, with valerian, musk, camphor, bromides, and tonics of varied names and nature. The hysterical paroxysms were evidently the result of reflex uterine irritation, and an examination being obtained, proved that although neither version nor flexion existed, the uterus was sensitive to pressure, as were also the ovaries. No inflammatory action was present. Assent being obtained to electrical treatment, she was subjected to the galvanic current daily for one week, and thereafter three times each week, for fifteen minutes at each sitting, from ten to twenty-five cells being employed. The current was passed through the uterus and ovaries by placing the positive electrode on the dorsal and lumbar spine, the negative being applied successively to the ovarian region, and to the cervix. Eight weeks' treatment cured the patient, after the failure of all methods for the preceding five years. No remedies were given during the time, aside from electricity.

Case 2.—N. N. D., a young married lady, twenty-two years of age, with a history similar to the case just related. The hysteria was also evidently of uterine parentage. She had undergone the usual treatment by medicine, and had gone into training *via* gymnastics, the Swedish movement cure, the health-lift, with massage, and probably other varieties of pow-wowing, all without avail. No change arose

after marriage. Treatment similar to that in Case 1 resulted in a complete cure. Two doses only, of a light saline, were administered during the electrical treatment.

Case 3.—R. H., a married lady, thirty-one years of age. She suffered from intense trigeminal neuralgia, and for a year past had been more or less constantly under the effect of opiates. Latterly she has relied upon chloral, and was falling into a habit of taking it, which promised to be injurious to her unless controlled. The list of remedies generally given had been well-nigh exhausted before she came under my charge, but before trying electricity, which had failed in similar cases, I put her on large doses of muriate of ammonia, with no benefit. Faradization, although relieving the acute suffering, did not appear to prevent the recurrence of the paroxysms, and, therefore, galvanization was resorted to. She was treated twice daily for one week, once daily for one month, and twice a week thereafter for one month. By that time her neuralgia was gone, and for seven months she never complained, when an accidental wetting whilst driving in the Park caused a return of her malady; but it gave way at once, and half-a-dozen sittings left her in good health and spirits. All medication was abandoned after commencing the electrical treatment.

Case 4.—J. K., a well-developed boy of four years, had recovered from a severe attack of diphtheria. Paralysis set in two weeks after seeing him for the last time in the conduct of his diphtheria. Having had good results in former cases of a similar character, I commenced general faradization daily, and in ten days he was able to walk with slight assistance. Interruption of the treatment left him, for the next week, in *statu quo*, but on the renewal of treatment he steadily improved, and in two weeks more was discharged as cured. A boy much stouter in development, residing in the same house, who was also paralyzed after diphtheria, was treated by a professional friend, and his paralysis remains at writing, four months subsequent to the invasion of the disability. He has had strychnia, iron, quinine, etc., with sun baths and change of residence, but is very slowly recovering. His physician formerly tried faradic batteries, for numerous unsuitable cases, and necessarily failing, has tabooed the whole subject of electricity as a humbug! He never made an application of *galvanism* or *static electricity* in his practice of more than thirty years, and refuses to investigate further for himself, or examine the result of other observers.

Second. *Disorders of the Reproductive Organs.* The care of cases of real or supposed impotence, and of spermatorrhœa, or emission of mucus and prostatic fluid, is calculated to try the patience of the physician thoroughly. Many young men are ruined in health and pocket by the brood of quacks living on the mismanagement of these extremely common affections. Any method of treatment which adds practical results in the relief of such patients demands careful trial; and electricity has, beyond contradiction, proved its claim to a prominent position in this respect.

Case 1. R. F., a young unmarried gentleman, who had gone the round of the advertising charlatans of Baltimore and Philadelphia, came under my care, for relief from supposed impotence. The usual history was elicited—dissipation, excessive medication, anxiety, amounting almost to mania, and approaching marriage, the worst factor in the case. He was reassured as far as possible, a placebo ordered, and galvanism commenced. Whether his malady was imaginary or otherwise, his muscular and nervous system were shattered. Six weeks' treatment made a new man of him. The method of central galvanization advocated by Beard and Rockwell rapidly dispelled his nervous depression, he gained in strength and weight, and to-day is a happy, contented, married man.

Case 2. H. W. W., a single gentleman, suffered for two years past, from spasmodic urethral stricture, evidently associated with chronic cystitis, resultant from repeated attacks of gonorrhœa. Examination showed a permanent stricture, three inches from the meatus. This was readily dilated, and has since caused him no inconvenience. The cystitis also succumbed to treatment, but the spasmodic condition was a frequently recurring trouble, and failing to relieve it by general treatment, I commenced the employment of electricity, by introducing a urethral electrode, and applying through it a mild galvanic current to the entire length of the canal for twenty minutes daily. Without any assistance from constitutional remedies, the spasm gave way completely in three weeks, and for seven months past no return has been experienced.

Case 3.—P. C., a married gentleman, thirty-

seven years of age, had suffered from atrocious pain, referable at times to the left testicle, less frequently to the right side, and again to an indeterminate point in the anal region, which I believed, from an obvious enlargement of the gland, to be seated in the prostate. From aversion to what he considered a painful method, he at first refused electrical treatment. I tried tonics, antiperiodics, blisters, rectal and urethral suppositories, ergot, cicuta, hot and cold baths locally, without avail. At last he submitted to galvanic application. A current, increased from ten to finally thirty cells, was passed from the lumbar spine to the perineum, by means of large sponge electrodes, the applications varying in duration from five minutes to thirty. Paroxysms of pain were instantly arrested by the current, and less than two months elapsed before his relief was assured. The sittings were daily.

Third. *Electricity in Obstetrics.* In no department is greater trouble to the physician experienced than in attendance upon protracted cases of confinement. Many a valuable hour is lost in daytime, from a hesitancy in leaving the woman, lest our presence should be needed, and yet time slips on and the end appears no nearer. Many a night, when repose is urgently needed, passes, and daylight comes with the siege still in progress. Forceps, valuable as they are, cannot be used unless the proper conditions present; nor does ergot afford the desired assistance in numerous instances. Inertia of the uterus is a troublesome thing, both before and after delivery. Can electricity afford us relief? In many cases we believe it can. In illustration, the following cases are cited.

Case 1.—M. T. G., multipara, was taken in labor with her eighth child at 7½ A.M. Previous labors were said to have been rapid, but by 9 A.M., although the os was dilated to the size of a silver quarter, all progress ceased. Evening found her with little pain, and no further dilatation. She was fretful and the os undilatable. Full doses of opium had done nothing for her relief through the day, and unwilling to spend the night by her, and having a long distance to walk if summoned, I commenced the application of a mild faradic current, passing it through the uterus from the abdomen to the sacrum, and *vice versa*. After continuing the current for one minute it was stopped. Modification of the strength was secured by more or less pressure of the sponges, and uterine contraction was evident from the first. Gradually the intensity was raised, the contractions following as naturally as in an ordinary case. In half an hour fifteen applications had increased the dilatation to nearly treble the size, as originally stated. Permanent increase of the pains was noted, but the current was continued. In half an hour more full uterine action was established, and in less than thirty minutes thereafter she was delivered. Her subsequent progress was normal. After delivery she confessed that her last three labors had been extremely slow, and she was greatly pleased with the new plan of assisting her, as she expressed it.

Case 2.—Mrs. L. E., in labor for the third time. Anterior labors slow, with instrumental deliveries. Inertia present, as in Case 1. Closely following the first case, the same method was adopted. She progressed rapidly and favorably, but forceps were used at the inferior strait, which was not ordinarily capacious. Instrumental aid was inapplicable, from want of dilatation, until after contractions were secured by the battery.

Case 3.—K. R., multipara, was delivered, after a rapid labor, of twins. The placenta followed without assistance by Crede's method (which I habitually resort to), as, at the time, I was engaged with one of the infants, which needed attention. Hemorrhage set in, was uncontrollable by ergot, ice, or other methods, excepting continuous firm pressure to the uterus. I sent for my battery, and a strong faradic current from the fundus to the vagina induced rigid and permanent contraction in five minutes. This case is one of several where success has followed the same plan in post-partum hemorrhage.

The cases above narrated are such as happen to the general practitioner every day. The results of electrical treatment were, I believe, incontrovertible. No claim of miraculous or mysterious power is made for electricity, but its value is so easily learned, and its employment so generally desirable, as to lead to a hope that more attention should be paid to its habitual use in practice. Large numbers of cases are handed over to quacks, who, though blindly claiming electricity as a cure-all, yet frequently get hold of patients who recover in their hands, and such cases are the foundation for public reference, used not only to glorify the skill of the charlatan, but to reflect upon the

ability of the educated physician, and through him to lower the usefulness of the profession, alike to such persons, and all whom they naturally influence thereafter.

246 *N. Twentieth street.*

Hospital Reports.

HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

SERVICE OF LOUIS A. DUHRING, M.D.,
Professor of Diseases of the Skin.

REPORTED BY DR. ARTHUR VAN HARLINGEN.

Tinea Tonsurans of Unusual Form, with Tinea Circinata.

The patients were two children of the same family, presenting an unusual form of ringworm, and one which had not before been observed in this clinic.

The first, a boy about seven years of age, thin and poorly nourished, displayed about a dozen patches of disease through the scalp, the majority being from split-pea to small coin size; one, however, was much larger. These patches were roundish in form, but were not sharply circumscribed; they resembled patches of seborrhœa, and were reddish and quite scaly. The condition of the hairs was peculiar; in some of the patches they seemed to grow out to their full length, and appeared to be quite unaffected, while in others they were more or less diseased, short, brittle and broken, or entirely wanting. The larger patch, which was the size of a silver dollar, and upon the vertex, was circular in form, but was not sharply circumscribed. It was somewhat puffed out; bluish-gray in color; the follicles enlarged and distended, causing a "goose-flesh" appearance, and covered with fine, loose, powdery, grayish scales. It was bald, but not completely so; the few hairs in the centre of the patch and on its circumference were of full length, and were firmly lodged in the follicles. The hair of the scalp generally was dry, but was thick, and did not look unhealthy. Several patches of tinea circinata, presenting the usual appearance of ringworm of the general surface, existed over the face and neck.

The appearance presented by the second patient, a little girl of six, was, in general, the same as that of the boy, but with some different features. The hair of her head was remarkably scanty, thin, light and very dry. Scattered throughout the scalp, upon the vertex and the parietal regions, existed some half dozen patches of disease, from a quarter to half a dollar in size. These were circular in form, markedly circumscribed, slightly inflamed, scaly, and more or less bald, but nevertheless with long hairs growing out of them everywhere. They were superficial and possessed all of the characters of ringworm of the general surface. The short, stumpy hairs characteristic of tinea tonsurans were nowhere to be found. These long hairs were quite loose, and from some of the patches could be extracted in numbers without difficulty. Marked lesions of tinea circinata could be observed about the left orbit and auricle of the left ear.

The duration of the disease in both cases was about three months, and the progress made had been slow, but continuous, from the beginning.

Dr. Duhring remarked that the cases were of interest, from the fact that although in both instances the parasite had invaded the scalp extensively, it had not produced the usual form of disease, namely, typical tinea tonsurans. The epidermis of the scalp was the structure chiefly invaded, causing tinea circinata and not tinea tonsurans. In both cases there were marked patches of tinea circinata throughout the scalp, differing in no respect from the disease as seen in non-hairy parts, as, for example, on the neck of the boy. In certain patches only were the hairs attacked so severely as to cause them to be shed. This was observed in the large, partially bald patch, on the boy, where the disease approached typical tinea tonsurans. But even here there were long, firmly-seated hairs in the centre and around the circumference of the patch. Nowhere were there any of the short, stumpy, broken-off, hairs characteristic of tinea tonsurans. While in certain of the patches the hairs were loose, and when extracted could be seen to be diseased, other patches showed the hairs to be securely lodged, and free from the ravages of the fungus. Thus it was seen that the tricophyton attacking the scalp did not always produce tinea tonsurans (that is, a disease involving the follicles and hairs), but might manifest the features of tinea circinata, as encountered on the general surface, invading the epidermis to the comparative freedom of the hairs. The same course of the disease was at times noted on the region of the beard, where the parasite, instead of invading the follicles, as it usually does, runs over the epidermis, producing tinea circinata, rather than tinea sycosis. (Specimens of the diseased epidermis and hair were then shown under the microscope.)

Dr. Duhring here referred to another form of tinea tonsurans occasionally encountered, where the fungus caused marked inflammatory symptoms—puffiness, swelling, œdema, and the discharge from the invaded follicles of a thick, syrupy, yellowish, viscid fluid, giving the patch somewhat the appearance of a subcutaneous abscess, discharging itself through numerous foramina—the diseased and patulous hair follicles. This variety of tinea tonsurans was known as tinea kerion. The process was almost identical with that of tinea sycosis. It was quite rare in Philadelphia, and was usually met with among the ill-fed and neglected. A case was referred to by Dr. Duhring, however, which he had lately seen, occurring in the upper walks of life, in a boy of eight. The disease had ex-

isted for several months, its parasitic nature not having been suspected by the family physician.

In regard to the cause of the disease under consideration, in both tinea tonsurans and tinea circinata, Dr. Duhring remarked that it needed only to be said that the parasite was a well-known vegetable growth, termed tricophyton, which had been described at length in a previous lecture. One point, however, should be touched upon, namely, the contagion of the disease. Both tinea tonsurans and tinea circinata were equally and eminently contagious. It was a well-known fact that while tinea circinata attacked both children and adults, of all ages, tinea tonsurans manifested itself in children only. Dr. Duhring added that he did not remember ever to have encountered the disease in children over twelve or thirteen years of age. Tinea tonsurans was quite a rare affection at this clinic, cases only occasionally presenting themselves, but it was common enough in the community, and especially so in asylums and institutions, where numbers of the children are often attacked.

Concerning the liability of an individual to contract either tinea tonsurans or tinea circinata when brought into contact with the fungus, opinions, Dr. Duhring said, differed. While some dermatologists held that the parasite was equally contagious upon all subjects upon whom it may chance to fall, others (among whom Dr. Duhring said he himself was included) were most decidedly of the opinion that the fungus did not take root in all skins with equal readiness; that some skins were more liable to contract the disease than others; that a peculiar, unknown condition of the skin was essential for the growth of the parasite. This view, he added, was based upon clinical experience, and was supported by the fact that all the children of a family seldom suffered from the disease, although subject alike to contagion. Dr. Duhring himself had recently observed a case where extensive tinea circinata had existed in a child for a period of fifteen months, and yet none of the other children of the same family, who frequently came in contact with the patient, contracted the disease. Numerous similar instances could be cited.

The treatment to be recommended in these cases was the free use of sulphurous acid in the form of a lotion, with depilation. In addition, the patients should have good food, and should be placed under the most favorable hygienic circumstances.

Purpura, of Unusual Form.

Michael T., 52 years of age, a factory operative, came to the dispensary April 8th, 1878. He had always enjoyed good general health, and had never suffered from any disease of the skin until the affection for which he sought relief made its appearance, eight months previously. It had begun in the neighborhood of the ankle joints and over the insteps. The eruption was unattended with subjective symptoms, the patient, in fact, only discovered it by accident one day, as he took off his stockings. At that time the lesions presented the appearance of pin-head sized, bright red spots under the skin. They gradually increased in number, appearing constantly in new places, and spreading slowly up the legs, through all the autumn and winter. They gave so little annoyance during that time that the patient paid no attention to them, took no medical advice, and did his work as usual. This, though not laborious, kept him on his legs all day. Up to the beginning of March the eruption had only extended so far as the knees, but about that time it began to spread more rapidly; new spots appeared over the legs and upon the thighs, in the form of rings.

On examination the patient appeared rather spare, but not unhealthy looking. The disease was confined to the lower extremities. It extended over the backs of both feet, around the ankles and over the calves, sparing, for the most part, the fronts of the knees and anterior aspects of the thighs, but spreading up on the inner side of the latter to the groin, and posteriorly almost to the gluteal region.

The lesions were macular. About the feet and ankles they were mostly pin-head and split-pea sized, and were closely aggregated; over the calf they were larger. A few of the more recent lesions were bright red; the older ones were of a dusky orange color. About the knee and over the thigh the disease presented a curious and very striking aspect. The macules here were circinate, and for the most part distinctly annular in form. Owing to the proximity of the lesions, they were here and there merged into one another, constituting irregularly-shaped and sized, ill-defined patches, and in this event looked as if a colored fluid had been splashed over the skin from a brush, drying with a more or less sharply circumscribed, somewhat thicker film about the periphery. Where the lesions, however, were discrete, distinct, well-formed, irregularly rounded rings, varying in size from a split pea to a quarter-dollar, existed. The borders were from one to two lines in width, and were all about the same size. The interiors of the rings showed either a more or less mottled, reddish skin or sound tissue. In many places the rings were quite perfectly formed. The general appearance was that a large number of dime-sized rings had been crowded together, many of them running together and producing an irregular, somewhat serpentine pattern. The color, as a whole, was a dusky, reddish-orange, with here and there purplish tints.

The patient complained of slight itching, and an occasional pricking sensation, as of cold, darting through the limbs. There was decidedly abnormal sweating of the soles, and, in a less degree, of the palms.

The case, Dr. Duhring remarked, presented a peculiar form of disease. The history was singular and of importance, and there were several points in this to which attention should be directed. The first was the fact that the erup-

tion came out in pin-head spots about the feet, and that it spread slowly. Another point was that it was, in the beginning, bright red in color, and that later it became a dusky, dark orange red, and still later purplish. The history of the case was at variance with the usual course of purpura, which ordinarily came quite rapidly, and having attained its maximum eruption gradually subsided, and sooner or later disappeared. In some cases relapses occurred from time to time, thus keeping up the disease for an indefinite period, especially in elderly people. Such had evidently been the course in the present case. Eight months, however, was a long period for the disease to remain. The duration of the affection might mislead as to its nature, but the characteristics of hemorrhage being present, there could be no doubt. The singular feature of the disease, Dr. Duhring said, was the annular form which the lesions assumed, a form that was seldom encountered, and which gave the skin a very peculiar appearance. Exactly how long this had existed it was impossible to learn, but probably for some time, as the patient seemed to think they had been so on the thighs for at least a month.

With regard to the treatment of purpura, in mild cases, often none was called for. The patient should keep as quiet as possible, for the blood vessels were on the point of rupture, and every movement tended to bring this about. In the present case. Dr. Duhring said, it was possible that impoverished diet and hard work might have been factors in the production of the disease. The patient was directed to use the most nourishing food obtainable, to stand as little as possible upon his feet; to spend most of his time in a recumbent position, and to take inwardly tincture ferri chlor., gtt. xv thrice daily. Ergot was referred to as a remedy, and was stated to be perhaps the most valuable remedy, in purpura. When hemorrhage was imminent, in severe cases, as in purpura hemorrhagica, hypodermic injections of the fluid extract of ergot might be employed, together with external applications of vinegar, or infusion of white oak bark, in the form of frequent sponging.

Medical Societies.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

At a Conversational Meeting, held at the Hall of the College of Physicians, Philadelphia, April 25th, 1878, Dr. Henry H. Smith, President of the Society in the chair, Dr. Louis A. Duhring presented a case of

Tinea Tricophytina Unguium

in a young lady. The disease originally appeared in the nails of the thumb and two fingers of the hand, six years before presentation. Patches of ringworm (tinea tricophytina) afterward appeared on her body and limbs. The disorder at one time, in this period, entirely disappeared, but afterward returned in the finger nails, as before, and has lately also appeared in the nail of the great toe of the right foot, but there was now no involvement of the epidermis. Dr. Duhring remarked that the different authorities looked upon this as a rare form of the affection, but he believed that it was more common than was generally supposed, and that it is generally overlooked. It causes a yellowness of the nail, and makes its substance, toward the free border, brittle and crumbling. It does not, as a rule, affect all the finger nails, even on the same hand, and the toe nails are very rarely involved. The affection rarely comes to the notice of physicians, except as accompanying tinea tricophytina elsewhere, for which the subjects seek treatment.*

The President thought that the case might be better understood if the lecturer would give his definition of Tinea. He believed that what was called "Tinea" some years ago was very different from what is understood by the term at present, and even now the question does not appear to be definitely settled. Formerly, Tinea was restricted to disease of the hairy bulbs of the scalp, etc., and Herpes Circinatus to Ringworm of the body. He also inquired whether the matrix of the nail is usually affected in the form under discussion, and how the disease was supposed to penetrate the nail.

He suggested that the manner in which the parasite invades the nail and appears in the deeper structures, may find its explanation in the fact that the parasite is buried in the dirt under the free edge of the nail, and as the under layer of the nail is soft, like the corium of the skin, the parasite can readily thus embed itself. Keeping in mind the manner in which the skin is reflected from the free under border of the nail, we see that the smallest fissure or crack in this situation would permit the parasite to lodge and penetrate the deeper parts of the nail, or work toward its surface.

Dr. Duhring could not definitely answer the last question, as to the course which the parasite pursued in attacking the nail. In the case shown, as it began six years before, the patient was uncertain in regard to the point of origin, but thought that it began at the free border. If we take the instance of tinea favosa, we find that it is already, early in the disease, found in the deeper structures of the skin, and, in the same manner, the present affection seems to appear first in the lower layers of the nail. The parasite is not confined to the surface of the nail, but works its way directly to the deeper and softer parts, where it attains its development.

Tinea tonsurans and tinea circinata are one and the same disease, etiologically speaking, both being due to the same cause—the tricophyton. Tinea means disease of the skin, of vegetable parasitic origin. We have as vegetable parasitic diseases tinea tonsurans, tinea

* For report of case, see p. 89.

circinata, tinea sycosis, all caused by the same fungus. A second fungus, the achorion Schœnleinii, is the cause of tinea favosa. We also have tinea versicolor, confined, in its distribution, to the trunk. These are the vegetable parasitic diseases of the skin, which are now well known; and, indeed, they are so well known that it is a pleasure to study them. It is to be regretted that our knowledge of other classes of skin diseases is not as complete and satisfactory.

Some years ago, in France, the term herpes circinatus was employed to designate two diseases—the affections we now know as tinea circinata and herpes iris—which circumstance has since led to much confusion.

Dr. George B. Dunmire remarked that ringworm is common among mice, and may be communicated by them to the domestic cat, and from the cat to children.

Dr. J. V. Shoemaker reported a case, in a woman, 45 years of age, who had contracted this disease while bathing her four children, who had tinea circinata of the body, and were then under his treatment. The nails were opaque, and covered with yellow specks, the thumb, index, and middle fingers of the right hand being alone affected. Examining the nail under the microscope, he had found the tinea tricophytina present, just as had been seen in the specimen taken from the children. The mycelial threads were also observed in large numbers, showing the luxuriant condition of the fungus in the disease. The nail affection was very obstinate, and he followed a similar treatment to that recommended by Dr. Duhring, with good result. Glacial acetic acid had been lightly brushed over the diseased nails, instead of the bichloride of mercury lotion.

In an institution for children he had recently seen forty-nine cases of ringworm, in none of which was the nails affected.

In some of the cases of ringworm alluded to he had been investigating the causes of the disease. In one experiment he scraped off some of the diseased scales from a patch of tinea circinata on one of the children, and applied them to the skin of a living cat. He found that the cat soon began to lose its hair, and the characteristic spots, covered with scales, became apparent. Taking some of these scales, he was enabled again to inoculate one of the children, thus confirming the observation of Tilbury Fox, that tinea may be communicated to the human subject from the cat, and other animals.

Dr. Duhring. Favus is much more common in the lower animals, such as the cat, than is tinea circinata. Tilbury Fox some time since called the attention of the Clinical Society of London to the possibility of contracting tinea circinata from the horse, giving cases of this occurrence. He had a somewhat similar case in his own practice. A gentleman came to him a few years ago with some small favus crusts on the back of his hand, that he had caught from a kitten which he carried into the house one night, but discovered the next morning that it was covered with crusts. The eruption did not appear on his hands until two weeks after the inoculation, and then in the form of vesicles resembling the early vesicle of herpes iris. Three weeks or longer elapsed before favi appeared. It was peculiar that it should lay dormant for so long a time.

Twins with Single Placenta.

Dr. W. Penn Buck presented a specimen of an ovum from a miscarriage, about the fifth month, of twins with but a single placenta, apparently due to fatty degeneration of the placenta. The case was primiparous, in a young German woman who is suffering from consumption.

Tracheotomy in Croup.

Dr. Cohen said, that as members had been requested to report their unfavorable cases of tracheotomy to the Society, he would mention the following. The operation was performed on a child of four years, for diphtheritic croup involving the bronchi. The patient died, of exhaustion, on the eighth day, the tube having been permanently removed on the fifth day, and the signs of prostration became manifest only twelve hours before death.

He would also beg to call the attention of the Society to a peculiar case of malformation of soft palate, making a separate investment for the palato-glossi muscles.

Dr. J. Solis Cohen reported—

A Case of Separate Investment of the Palato-Glossi Muscles.

Mr. H., about 40 years of age, consulted me recently on account of a peculiarity in his voice, the evident result of overstrain. As he opened his mouth preparatory to a laryngoscopic inspection, I noticed the anomaly depicted in the drawing exhibited, for the opportunity of presenting which I am under obligations to the artistic skill of my friend, Dr. John H. Packard.

The anterior arches of the palate are incomplete upon each side, in consequence of an elongated oval aperture just above their lingual attachments, and which is large enough to disclose the anterior surface of the posterior arches behind. The inner and slender boundary of each abnormal opening is the main free portion of the palato-glossus muscle on each side respectively, the investment of the muscle being separate, instead of forming part of a continuous palatine fold, as in the normal subject. The entire palate, the tonsils, and the pharynx are free from disease; and the peculiarity of phonation under which the patient labored was in no wise dependent upon the anomalous conformation of his palate.

Were it not for the position of these openings, they might have been readily mistaken for ulcerative perforations, the result of specific processes.

The only other recorded case of the kind of which I am aware, is one reported by Dr. Wolters, of Göttingen (Henle and Pfeufer's

Zeitschrift für Rationelle Medicin, 1859; 3d. series, 7th vol., p. 156, illustrated on plate iv) for a knowledge of which I am indebted to Prof. Harrison Allen, whose attention I had drawn to the present case.

COLLEGE OF PHYSICIANS AND SURGEONS, PHILADELPHIA.

At the regular meeting, June 5th, 1878, an article on

Accidental Entrance of a Centipede into the Nostril

was read by John H. Packard, M.D., Surgeon to the Episcopal Hospital, etc., as follows:—

On the 8th of May, 1878, I was called to see M. B., a child, six years old. Her mother told me that the child had, a short time previously, in blowing her nose, expelled a "worm," which she showed me in the pocket handkerchief, coiled up, just as it had escaped from the nostril.

On inquiry I found that for several days previously the children had been allowed, when driving out in the park, to get out and play in the freshly-cut grass, which they often amused themselves by throwing at one another. This child had been noticed, since the 4th or 5th, to blow her nose very frequently, and to rub it; but had shown no other signs of having taken cold.

The mother was naturally much alarmed, thinking the worm was some strange parasite which had been developed in the child's nose. I felt free to assure her that this could not be the case, but that the animal had been in some way accidentally introduced up the nostril, and had found shelter there until its expulsion had, equally accidentally, occurred.

Upon submitting it to Professor Leidy, I was very glad to find my opinion confirmed. The creature proved to be one of the myriapoda, described by Dr. H. C. Wood in his work on the subject (Smithsonian Contributions for 1870), and called by him *Geophilus cephalicus*. It had probably been in a bunch of grass thrown into the child's face, and had sought refuge, as the most convenient place, in her nostril. It measured two and one-sixteenth inches in length, and lived for several hours after its expulsion. During this time it was at the bottom of a small bottle full of water. Its death took place only when alcohol was added to the water, for the purpose of preserving it.

A case of

Gunshot Wound of the Abdomen, Perforating the Ascending Colon,

was detailed by J. Ewing Mears, M.D., Surgeon to St. Mary's Hospital, etc.

While on duty as Surgeon of the First Division, National Guard, of Pennsylvania, during the labor riots of last summer, the following case came under my observation:—

H. S. Shaw, aged twenty-one, a corporal in one of the companies of the Sixth Regiment, First Division, National Guards of Pennsylvania, was wounded on the morning of July 22d, 1877, during the riots which occurred in Pittsburgh. The missile, a large, conical rifle ball, weighing, with charge and metallic case, one ounce and a half, entered the abdominal cavity through the ilium, striking the bone at a point four and a half inches from the vertebral column, and two and a half inches from the anterior, superior spinous process, just below the crest. The ball passed in a line almost directly forward, and emerged at a point four inches from the anterior superior spinous process of the ilium, and three and a half inches from the umbilicus, and three-quarters of an inch below it.

When the wound was received the patient was marching in line, and he states that he felt only a slight sting. He was not aware of the serious nature of the wound until he saw the blood which flowed, when he left the ranks and walked into a church near at hand. He remained there until the afternoon, when he was transferred to St. Francis Hospital, and was placed in the surgical wards, under the charge of the attending surgeon, Dr. Stephenson. On the return of the troops to Pittsburgh, I visited him at the hospital, and found that he had been extremely ill; general peritonitis had supervened, preceded by symptoms of great shock; flatus and fæces escaped by the wound of entrance, and continued to do so for a period of six weeks after the receipt of the wound.

Under the skillful care of Dr. Stephenson, Corporal Shaw so far recovered as to be able to be removed to Philadelphia, August 13. With the exception of a slight return of unfavorable symptoms, caused by over-indulgence in improper food, he rapidly progressed toward recovery, and by September 3d the wounds were closed.

Desiring to obtain a pension, the patient applied to me for a certificate of disability, and I had the opportunity of examining the results of so formidable a wound. The wound of entrance was represented by a large, puckered, somewhat elongated cicatrix, measuring one and a quarter inches in length, and occupying the line of the crest of the ilium; the opening in the bone could be distinctly felt, and had been increased in size by the removal of a piece of necrosed bone, by Dr. Stephenson, during the process of healing. The wound of exit was much smaller, and slightly depressed. About the cicatrix there was an area of dullness, extending two and a half inches in all directions. Below the line of the wound of exit, in the course of the colon, there was dullness on percussion. With the exception of a slight "binding" about the wound, felt in locomotion, the patient was free from pain; the function of the bowels was, in every respect, normal; the general health appeared to be unimpaired. It seemed evident, from the examination, that the ascending colon had been perforated about the junction of the cæcum, and that the direction the ball had taken was such as to implicate alone this portion of the intestine.

The nature of the wound and the very favorable termination which ensued would seem to

render a record of this case interesting, especially when considered in connection with the very unfavorable condition in which the patient was placed when the injury was inflicted. He, with the troops composing the command, had been on duty for a period of over thirty-six hours, performing duty of a more trying character than is exacted in regular warfare—fighting mob and fire—deprived of food and exhausted by a march under the rays of a scorching July sun. When wounded, he had been subjected to violent treatment at the hands of the mob, who had desisted only when assured that the wound received was a fatal one.

Editorial Department.

Periscope.

The Diagnosis and Treatment of Idiocy in Early Life.

Dr. Beach, of the Clapton Idiot Asylum, in a clinical lecture reported in the *British Medical Journal*, remarked that the infant idiot is unable in many cases to support the head, which hangs back in the mother's arms; there is inability of the spine to support the body; there are muscular flaccidity, and difficulty in swallowing the milk drawn from the breast; inability to notice objects, and to follow them with the eyes if they move; no notice is taken of sounds, and the child is voiceless. Later on, we compare the child's mental and physical condition with that of other children of the same age. We notice whether the fontanelles are closed; whether the head is too large, too small, or deformed; whether the palate is highly arched (a V-shaped palate, as before mentioned, being a characteristic of congenital idiocy); whether there is ability or not to grasp objects with the hands, idiots of low type being unable to do so. In these cases there will be found, too, a flow of saliva from the mouth; the fingers are flaccid and moistened with saliva; there is inability to co-ordinate the muscles; feebleness of circulation is evidenced by cold extremities; often there are epilepsy and paralysis. In cases of higher type, although some of these points will be absent, yet the simplest rudiments of knowledge will be unattainable in the ordinary way. These children are bandied about from school to school, ultimately, if fortunate enough, finding a home in an idiot asylum.

Treatment.—A combination of medical, physical, moral, and intellectual treatment must be employed, the basis of all being medical. Herbert Spencer, in his work on *Education*, dilates on the last three; but the *medical*, in the cases of idiots and imbeciles, is the most important of all. The body must be kept in as perfect a state of health as possible; the diet should be liberal; the apartments in which the patient lives well ventilated, and the residence in a healthy situation. As much out-door exercise as possible should be obtained, and any ailment from which the patient may suffer should receive immediate attention. The *physical* treatment should commence with the simplest movements possible; and, to overcome the want of co-ordinating power, more complicated movements being afterwards gone through with the aid of music. His *moral* education must not be neglected. He has to learn that to do right will meet with a reward, to do wrong with punishment, which again is to be effected by moral means. The basis of the *intellectual* treatment must be objective. The concrete, not the abstract, must be taught. The patient must learn to recognize the form and qualities of objects by touch; color, size, and shape by sight; the varieties of sound which impinge upon the ear, and his taste, and smell, must be educated. He must be taught to dress and undress himself; to use his spoon, knife, and fork; and his speech must be improved by a course of tongue gymnastics, his well known faculty of imitation being utilized to the fullest extent. He should be taught the value of money, and to buy and sell. He should learn carpentering, gardening, or farming operations, tailoring or shoemaking, according to his class in life, care being taken that plenty of amusement is provided.

Gonorrhœal Testis.

The *Medical Times and Gazette* states that M. Horand reported to the Lyons National Society of Medicine on 200 cases of hernia humoralis in which he had employed Langlebert's mode of dressing, which he considers as superior to all others that have been hitherto recommended. The dressing or apparatus consists first in the application of a layer of carded cotton, and then over this some caoutchouc cloth, the parts being supported in a suitable suspensory. Not only is immediate relief of pain procured, but the cure of the disease is very complete. The same apparatus may be used after puncture for hydrocele, allowing of the patients being at once sent to their homes. M. Diday stated also that he had applied this bandage in a great number of cases with success; and, had he known of it before the publication of his last work, he would have spoken much less in favor of antiphlogistic treatment

in gonorrhœal epididymitis. He thinks it advantageous before applying the apparatus to paint the scrotum with tincture of iodine that has been recently prepared. Professor Rollet observed that it was of great importance to ascertain whether, after treatment, any induration of epididymis remained, as, when this was the case on both sides, sterility was the result. In order to prevent this he has great faith in leeches, blistering, and purgatives until complete resolution has been obtained; and this apparatus does not dispense with the necessity of leeches. M. Horand maintained that the affection is as effectually cured by this apparatus as by leeching, and he does not agree with Professors Rollet and Gosselin, that sterility follows slight persisting induration. Professor Rollet, however, observed that he had often examined the semen under this circumstance, and always found the spermatozoa absent.

Electrolysis of Scrofulous Lymphatic Glands.

At a branch meeting of the British Medical Society, Mr. Golding-Bird read a paper on the treatment of scrofulous lymphatic glands by the electrolytic caustic. He referred to the general disuse of caustics. He divided cases of scrofulous glands into three classes; 1. The glands free, though enlarged; 2. The glands matted together or to the skin, or presenting hardened nodules, or encapsuled (lymphoma); 3. The condition of active inflammation. The first class was met by general treatment. In the second, it was better to use the knife. In the third, the best operation was by caustic; and the least painful of any mode of applying it was the one now described. A small arrow of sheet zinc, one inch and a half long by half an inch wide, sharp at one end, had a copper wire ten inches long attached to the other. The other end of the wire was soldered to a plate of thin sheet silver or copper, three or four inches square. The latter was firmly strapped upon a piece of lint, wet with salt and water, on to the skin, somewhere near the spot to be destroyed. Over it was placed some oiled silk or waterproof strapping. The zinc point was then thrust through the fungating mass to be destroyed; a small shield of gutta-percha or cork regulated the length of the zinc point. Some cotton-wool and a bandage were placed over all. The gland was gradually disintegrated by the formation of chloride of zinc at the expense of the metal inserted, and came away in four to six days. When all the gland had come away, the wound rapidly closed, with very little scar. The lint must be wetted with salt and water night and morning. Mr. Spencer Wells was employing this treatment for the removal of uterine cancer. He referred to two cases, in which, though the results were very satisfactory, much pain was complained of. In the latter, the total weight of slough was four hundred and thirty-three grains. He narrated the history of one case in which he applied the zinc in the form of a flat disc to necrosed bone, with good result.

The Impurities and Tests of Chloroform.

Mr. A. H. Mason says, in a recent number of the *Chemist and Druggist*—

The impurities or foreign ingredients which have been detected hitherto are alcohol in excess, aldehyde, ether, hydrochloric acid, hypochlorous acid, and empyreumatic or chlorinated oils. The presence of the two former is easily detected by physical and chemical means. The acids would be present owing to decomposition, or with the chlorinated oils, owing to imperfect purification.

To detect the presence of alcohol, if present, the addition of a little chromic acid will cause the chloroform to turn green. Dr. Davy states that if a little of the suspected substance is heated with a solution of molybdic acid in sulphuric acid, it turns blue, if alcohol be present, and as he found all samples of English manufacture were affected by that test, he assumed that all English chloroform is adulterated. According to Roussin, pure chloroform, shaken up with dinitrosulphide of iron, $Fe_6H_2S_5N_4O_2$, remains colorless, but if it contains alcohol, ether, or wood spirit, it acquires a dark color. A few years ago I applied this test, but without success, although contaminated specimens were experimented upon, and to ensure the purity of the salt I got some manufactured by an eminent firm of manufacturing chemists. The presence of acids or of chlorinated oils will be evident from the disagreeable odor. In the administration of chloroform the presence of these chlorinated compounds to any appreciable extent produces a marked effect upon the system. They occasion a peculiar throbbing headache, and a rapid prostration of the vital powers. These symptoms may be observed when the chloroform is inhaled only for a short time; and there can be no doubt that they are very often the causes of the discomfort so often resulting from the free use of impure samples of this anæsthetic.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——Stricker's *Medicinische Jahrbücher*, in its first number for 1878, contains papers on the Contractility of the Capillaries, by Dr. S. Stricker; on the Spinal Nerve Centres, by the same; and articles by Drs. H. Chiari and Schlesinger. To be had of B. Westermann & Co., New York City.

——"Along the Danube," by Edward King, is the opening paper of *Lippincott's Magazine*, for August, and both text and illustrations are spirited and lively. Edward H. Knight, one

of our commissioners to the Paris Exposition, and a member of the jury on machinery, gives an illustrated paper on the buildings and grounds, with suggestive comparisons between Paris and Philadelphia. There is a striking story in the number, entitled "A Saxon God," and the new serial, "Through Winding Ways," shows a careful study of life, with a geniality of tone that is especially charming. There are other good things in the number, which is almost wholly of a light character, suitable for the month.

——"Brain, a Journal of Neurology," is the title of a new quarterly published by Macmillan & Co., New York and London, and edited by Drs. J. C. Bucknill, J. Crichton Browne, D. Ferrier and J. Hughlings Jackson. The first number has contributions from Jonathan Hutchinson, George H. Lewes, T. Clifford Allbutt, Bevan Lewis, and other well known writers. Several clinical cases of cerebral disease are reported, and a carefully collated series of abstracts on the current literature of the branch are given. Annual subscription, $4 00; price per part, $1.25.

BOOK NOTICES.

Fownes' Manual of Chemistry, Theoretical and Practical. Revised and corrected by Henry Watts, B A., F.R.S. New American, from the twelfth English edition. Edited by Robert Bridges, M D. With 177 illustrations. Philadelphia, H. C. Lea, 1878. 1 vol., cloth, 8vo, pp. 1028.

There are few of the sciences which are making equally rapid strides with chemistry, and he who would keep himself abreast with its revelations must unlearn much and learn much. Within ten or a dozen years the systems of notation and the terminology have been so altered that he who picks up a modern treatise and expects to understand it with the lights of that long ago will find himself sorely disappointed.

Fownes' *Manual* has, for fully a generation, been a standard text-book; and though the present edition bears little resemblance to that of 1845, the changes have been those imperatively demanded by the growth of the science. The conscientious care which has been bestowed upon it by the American and English editors render it still, perhaps, the best book for the student and the practitioner who would keep alive the acquisitions of his student days. It has, indeed, reached a somewhat formidable magnitude, with its more than a thousand pages, but, with less than this, no fair representation of chemistry as it now is can be given. The type is small but very clear, and the sections are very lucidly arranged to facilitate study and reference.

Transactions of the American Gynecological Society, Vol. 2, for the year 1877. Boston, Houghton, Osgood & Co. Cloth, 8vo. pp. 697. Price $6.50.

The high praise which the papers in the first volume of this Society's *Transactions* received, both from the American and European press, is shown to have been well deserved by the even increased excellence of the contents of the second volume. It not only stands second to none, but it is, in careful writing and original research, unequaled by the contributions of any other Society on that branch of medicine, either here or abroad.

To illustrate the wide range and valuable character of the work, we believe we cannot do better than give most of its table of contents. The annual address is on Medical Gynecology, by Dr. Fordyce Backer. Then follow papers on The Functions of the Anal Sphincters, so called, by Dr. James R. Chadwick. Excision of the Cervix Uteri; its Indications and Methods; by Dr. John Byrne. Report on the Corpus Luteum; with twelve chromo-lithographic plates; by Dr. John C. Dalton. The Pathology and Treatment of Puerperal Eclampsia, by Professor Otto Spiegelberg. Dilatation of the Cervix Uteri for the Arrest of Uterine Hemorrhage, by Dr. George H. Lyman. The Principles of Gynecological Surgery Applied to Obstetric Operations, by Dr. A. J. C. Skene. On the Necessity of Caution in the Employment of Chloroform During Labor, by Dr. William T. Lusk. The Present Status of the Intra-Uterine Stem in the Treatment of Flexions of the Uterus, by Dr. Ely Van de Warker. Supplement to the Report of a Case of Xenomenia made at the First Annual Meeting in 1876, by Dr. Theophilus Parvin. A Case of Vaginal Ovariotomy, by Dr. William Goodell. Is There a Proper Field for Battey's Operation? by Dr. Robert Battey. Subsulphate of Iron as an Antiseptic in the Surgery of the Pelvis, by Dr.

H. P. C. Wilson. Tetanus After Ovariotomy, by Dr. Theophilus Parvin. Sarcoma of the Ovaries, by Dr. Washington L. Atlee. The Value of Electrolysis in the Treatment of Ovarian Tumors, as Seen in the Light of Recent Experience, by Dr. Paul F. Mundé. Congenital Absence and Accidental Atresia of the Vagina; Mode of Operation to Establish the Canal, and to Evacuate Retained Menstrual Blood, by Dr. Thomas Addis Emmet. Case of Sarcoma of the Kidney in a Negro Child; with heliotype; by Dr. W. H. Geddings. The Hystero-Neuroses, by Dr. George J. Engelmann. Cases Illustrating Important Points Connected with Ovariotomy, by Dr. Gilman Kimball. The Radical Treatment of Dysmenorrhœa and Sterility by Rapid Dilatation of the Canal of the Neck of the Uterus, by Dr. Ellwood Wilson. Dr. Uvedale West's Views of Rotation, as Illustrated by the Contrast between the Mechanism of Simple Occipito-Posterior Positions and those of the Bregmato-Cotyloid Variety, by Dr. John P. Reynolds. Vascular Tumors of the Female Urethra; with the Description of an Instrument Devised to Facilitate their Removal; by Dr. A. Reeves Jackson. Lying-in Hospitals; especially those in New York, by Dr. Henry J. Garrigues. The Simpler Varieties of Perineal Laceration; their Consequences and Treatment; by Dr. Thaddeus A. Reamy. The Cyclical Theory of Menstruation, by Dr. John Goodman.

An Index of Obstetric and Gynecological Literature of all Countries, from July 1st, 1876, to January 1st, 1877, closes the volume.

The Atlantic Islands as Resorts of Health and Pleasure. By S. G. W. Benjamin. Illustrated. New York, Harper & Bro., 1878. Cloth, pp. 264.

Now that travel, change of air, scene, and diet, is recognized as a most important factor in the treatment of a multitude of diseases, intelligently written guide books are in demand. This is one of them, and, moreover, it covers a field which, so far as we know, is not to be found in any other book. The author includes all the island groups in the Atlantic ocean except those which are subject to visitations of yellow fever, or persistent malarial or zymotic epidemics. Though not a physician, he has taken care to obtain the fullest and most correct sanitary information on the subject, and speaks, generally, from direct personal observation, all the islands having been recently visited by him.

His list includes the Bahamas, Azores, Channel islands, Magdalen Islands, Teneriffe, Newfoundland, the Bermudas, Belleisle-en-mer, Prince Edward Island, Isles of Shoals, Cape Breton Island, and the Isle of Wight.

Most of the text is in an agreeable narrative form, the descriptions woven in with incident and adventure. The appendix contains most of the solid information. The islands are there classified according to their respective advantages, and, so far as the present writer's experience goes, the classification is fair and unbiased. The illustrations are very charming, and there are few, if any, books on health resorts, that furnish more pleasant reading combined with trustworthy facts, than this one by Mr. Benjamin.

The Throat and its Diseases. With One Hundred typical illustrations in color and fifty wood engravings, designed and executed by the author. By Lennox Browne, F.R.C.S., Ed. London, Bailliere, Tindall & Cox, 1878. pp. 351.

The author presents us a very handsome volume, elaborately illustrated, on excellent paper, and carefully printed. It gives us pleasure to add that the contents correspond to this attractive exterior. Mr. Browne has been a faithful student of diseases of the throat, and has had large opportunities to observe them. He consolidates in his chapters the results of this extended experience, with ability and conciseness.

The earlier chapters are on the use of the laryngoscope, the anatomy of the larynx, and the general semeiology and therapeutics of throat diseases. He next takes up in order the diseases of the pharynx, fauces, uvula, tonsils, larynx and naso pharynx. Special chapters are devoted to nasal catarrh, diphtheria, laryngitis, neoplasms and neuroses of the larynx. An extended bibliography is added.

The plates and wood engravings merit particular praise. They are, both in design and execution, the work of the author, who shows himself a competent artist as well as a judicious writer. The plates illustrate the varieties in form of the normal larynx, and diseased conditions of the pharynx, uvula, tonsils, etc. The coloring is natural, and the descriptions add much to the value of the designs.

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ALCOHOLISM AND ITS MANAGEMENT.

A wide difference still prevails among specialists as to whether alcoholism is a perversion of the physical or the moral man. Alcoholism as here used does not, of course, mean the custom of occasional intoxication, nor yet the desire to use alcoholic beverages frequently in moderate quantities; it means the strong, the over-mastering desire to drink to excess when opportunity offers; the craving, not for the exhilaration of stimulants, but for the narcosis of drunkenness.

The question has been very ably discussed in the pages of this journal, especially in the articles from the pen of Dr. T. D. CROTHERS, who considers this condition most frequently, if not always, one of positive disease. So, also, does Dr. ALBERT DAY, the Superintendent of the Washingtonian Home, Boston. In his last Report he gives the personal statement of one of his patients, a well educated medical man, after reading which no one can doubt but in that and similar cases a cerebral defect was at work, impairing the will-power. Dr. Day justly adds that "it must be evident to any one having a knowledge of physiology, that to effect any permanent change in the line of conduct of any individual, or a class of individuals, a change must be brought about in the character of the emotions, which must necessarily be preceded by a change in the structure of the nervous system. The first follows the second, as truly as, in the order of cause and effect, light follows upon the appearance of the unclouded sun." Hence, the principles of treatment must not be moral or religious only, addressed to the intellect or the emotions, but to the physical man as well.

The two classes most addicted to alcoholic excess are the over-fed rich and the under-fed poor, the latter prompted by a physical want, the former by a nervous system deranged by excesses and indulgence. A sufficiency of plain and wholesome food is a requisite to cure in both these cases; and with this must go a total cessation of the stimulant. The princi-

ples of treatment are well set forth in a recent lecture by Dr. W. H. Thomson, of New York. He observes :—

"The first essential in the treatment is to get the patient to stop the use of alcohol at once and forever; and unless you can do this, there is no use in going on with the case. For the tremor, the oxide of zinc acts almost like a specific. It is also decidedly soporific in its effect, and has, moreover, the advantage of curing the gastritis which is usually present in these cases, and thus greatly improving the digestion. Finally, it is requisite that you should get the patient to eat; and at first milk is often the best form of diet. Food is the only thing that can stop the craving for alcohol; and so firm is my confidence in it as an antidote for this, that I do not hesitate to say that, if an individual will never take alcohol except when he is eating, I have not the slightest fear of his ever becoming a confirmed drinker. It is the drinking between meals, and especially early in the morning, that does all the mischief."

This last remark is questionable; at least, it is as much as saying that, if he never drinks too much, an individual will never get drunk. But the doctrine that food is the best antidote to the longing for alcohol, is well put. Of the two, the stomach once accustomed to it will prefer the alcohol; hence the importance of a general supply of wholesome and well prepared food in a community. Let the temperance crusades include in the objects of their animosity frying-pans as well as fuddling pots, soda biscuits as well as sherry cobblers, and pies as well as potations, and the good cause will be greatly furthered.

Notes and Comments.

Aural Furunculi.

Dr. R. T. Cooper writes to the *British Medical Journal*—

There is a sign connected with boils in the meatus auditorius externus which, though very distinctive and highly important in a medico-legal point of view, has never, to my knowledge, been sufficiently dwelt upon by any writer upon ear diseases, although every one conversant with these affections must have noticed it. I allude to the peculiar stain left upon the pillow case by the thickened and comparatively scanty discharge that in some measure characterizes a furunculus from an abscess. I have noticed it especially in children. The appearance presented by a pillow, the morning after a boil in the meatus has burst, is sufficiently characteristic to enable one to divine the nature of the affection from which the patient has suffered, for the pillow case will be found studded over with stains so closely resembling linen-covered buttons, such as are worn on night-shirts, as to deceive, at a distance, the most clear-sighted. The thickened drop of discharge falls entire from the meatus upon the cover of the pillow, upon which the more liquid portion of the discharge spreads, leaving in the centre the more inspissated; this dries, and in drying gives, at a distance, an almost exact image of the shank of a button, the disposition of the surrounding stain rendering the appearance still more delusive. The subjects of the affection being rather restless in their sleep, roll their heads upon the pillow, so that by the morning it often happens that no two of the markings run together, but each one is separate, thereby rendering the resemblance to buttons additionally striking.

These umbilicated markings, especially if there be many of them, are a positive characteristic of the affection in question.

Remarks on Muscæ Volitantes.

Mr. W. Story gives his opinion, in the *British Medical Journal*, that these annoying specks come from a disordered liver. He remarks: Muscæ appear at all times and in all shapes, in children as well as in adults. They also appear at all distances, from the focal to three and two inches, immediately on the eye and within the orbit. Fixed muscæ are seen with the eyelids closed, because light is still transmitted; but if the eyes be darkened so effectually as to admit no light the spots are not seen. Some years ago I obtained a number of opaque lenses, extracted by Mr. Bader, of Guy's Hospital, as I conceived that bile, or some of its constituents, was the cause of the opacity, and not blood. I took these to Dr. Letheby, and explained to him my reasons. He said, "If it is bile we shall have a violet color." The test was applied, and the violet color was apparent to both of us. Upon this, I felt I was right in my opinion as to the cause of opacity in the lens. About the same time I saw in a patient the anterior chamber of both eyes filled with

cholesterine crystals, giving somewhat the appearance of the liquor called "gold-wasser." The play of light on the crystals was remarkably beautiful. Now, what was the chemistry that separates these crystals from the bile in the aqueous humor? If cholesterine crystals can be thus separated, why not some of the other innumerable constituents of the bile, by the same wonderful chemical means, of which the microscope can give us no information? He recommends abstention from wine, beer, tobacco and spirits, pastry, pickles and cheese, and in his own case found such a diet led to the disappearance of the muscæ.

Abscess of Lower Lip, Attributed to Poisoning by Paris Green.

Dr. R. Wilson, of Washington county, N. Y., writes us—

The ravages of the potato bugs in this section have caused the farmers to use an immense quantity of Paris Green, to destroy them. About a week since a young man, by the name of Albert Calkins, picked an apple from the ground, where it lay among potato vines upon which "Paris green" had been used, and ate it, or rather sucked the juice. Shortly his lower lip began to inflame, and after acute suffering an abscess formed, which, on being opened, discharged a large amount of pus. Abscess of the lip is not, I believe, of common occurrence.

Paris Green is said to be a compound of arsenic and copper. Of Scheele's Green, Dr. Taylor says that it produced, in a watchmaker, "swelling and ulceration of the lips."

Physiology of the Vagus Nerve.

On this interesting topic the following conclusions are set forth by Drs. Arloing and Tripier, given in the London *Medical Record*:—

1. Section of the spinal cord behind the bulb diminishes considerably the excitability of the pneumogastric nerve.

2. There is a notable difference between the two vagi, chiefly from the functional point of view; the right acts more energetically upon the heart than the left.

3. The reciprocity permits the mechanical phenomena of respiration. Excitation of the left nerve modifies more deeply the movements of the thorax than that of the right nerve.

4. The arrest of the heart is more complete when the galvanization is direct.

5. The movements of the heart which are produced during galvanization of the vagi are more feeble than before the excitation.

6. It is impossible to resume, in a general formula, the influence of galvanization of the pneumogastrics upon the respiration.

7. Galvanization at the peripheral ends makes itself felt on the respiratory movements, probably because the vagi send recurrent fibres reciprocally to the periphery.

8. Section of a vagus is followed by weakness of the movements of the chest-wall of the corresponding side.

9. Finally, it does not appear to us that one of the vagi is more particularly concerned in digestion than the other.

The Antiseptic and Therapeutic Properties of Boracic Acid.

The *Lancet* states that G. Polli has reported, at a recent meeting of the Academy of Sciences, of Lombardy, the results of numerous researches in which beer, meat, eggs, blood, and urine were treated with boracic acid and borax for thirty days, during the summer time, and were found still to retain their freshness, and to present no traces of fermentation having taking place in them. In control experiments, on the other hand, without the addition of the salt, but, in some instances, with the addition of sulphate of soda, the fluids passed into a state of complete decomposition in the course of fifteen days. The energetic disinfecting power possessed by boracic acid and borax, and the facility with which these substances can be absorbed into the economy, led Polli to recommend their employment in diseases in regard to the infectious nature of which no doubt exists, or in which septic conditions readily arise. He adduces several examples in which the febrile conditions of tuberculosis underwent diminution. No benefit was obtained by Professor Visconti from experiments made with these remedies in malaria, though other observers have arrived at a different conclusion. In chronic cystitis the muco-purulent discharge quickly diminished, and even altogether disappeared in the course of a few days, and rapid improvement occurred in cases of bad suppurating wounds when they were applied externally. The dose recommended by Polli, is 75 grains of boracic acid and 150 grains of borax per diem.

Correspondence.

A Hard Knot in the Umbilical Cord.

Ed. Med. and Surg. Reporter:—

I have an unusual case to report to you. I was sent for about midnight to see a mulatto girl of fifteen years of age, stout and healthy, pregnant for nearly seven months. The messenger stated that she had "the fits." I sent my son, Dr. J. C. Stern, to see the case, who not long after sent for me. I found her laboring in convulsions, with considerable contortions of the muscles of the face and body. I placed a small piece of pine wood in her mouth, to prevent her from biting her tongue. These convulsions occurred about every hour, or nearly so, and lasted some five or eight minutes. She would froth at the mouth, etc., and would then rest in a comatose way, with some twitching of the muscles of the body, until they would occur again. Dr. J. C. Stern gave her, before my arrival, a large dose of bromide of potassium with one-sixteenth of a grain of morphia sulph., which was continued every two hours subsequently until morning, adding warm wet hops, in a bag, over the region of the stomach.

I went again to see her, and found her pretty much in the same situation, only that we had more trouble to give her medicine. I administered a hypodermic injection of sulphate of morphia and chloroform in the right arm, and at the same time upon the spinal column over the lower cervical vertebræ, which within half an hour afterward arrested the convulsions, and she then rested until 3 o'clock P.M., having only taken medicine twice during that time, as directed, if she fell into sleep.

In the evening we both saw her, and she had no more convulsions. We ordered a mild physic, continued the medicine internally every three hours, with the addition of muriate of ammonia in solution, to allay thirst and fever, with cold wet cloths to the head, etc.

Saw her next morning (second day). Bowels were moved and symptoms apparently better. During this time milk was ordered to be given her, when she could swallow, as nourishment.

Third day. Saw her in the morning. Symptoms rather better; still some subsultus tendinum of the face and body, and a tendency to slight uterine pains. Ordered a strong infusion of cimicifuga, with bromide of potassium and small doses of morphia sulphates jointly, to be given in proper doses every three hours; the solution of muriate of ammonia (twelve grains to the dose) was given also three or four times a day. Milk diet continued. Was sent for about noon. Upon my arrival found the girl was in labor, with head presentation of usual order, and about an hour afterward the child was born.

Now comes the novelty. About eight inches from the navel of the child the umbilical cord (it being a large cord and of ordinary length) was tied in a hard, common knot, which had undoubtedly caused the death of the fœtus in the womb of its mother, from the circulation in the cord being entirely cut off between mother and child.

Upon my arrival there the first night I believed the mother had given the patient something to eat that caused the sudden convulsions, but as the mother was away that evening or afternoon, I could find nothing out as to the cause. But the second day I found she had eaten a great many raw onions, out of the garden, and this was undoubtedly the cause. The over stimulation of the raw onions in the stomach may have brought on the convulsions; but there is, in my mind, another and more probable solution: that is, the overstimulating effects of the onions upon the fœtus in the womb, causing its hurried evolutions in utero and its abnormal gyrations therein, until the umbilical cord was finally tied in a hard, common knot, so firmly and tight as to produce its death, which causes jointly combined were sufficient to throw any stout primipara into convulsions. William C. Stern, M.D.

Cashtown, Pa., June 29th, 1878.

Case of Placenta Prævia.

Ed. Med. and Surg. Reporter:—

The following case may be of interest to many of the readers of your journal. On the morning of May 9th, 1878, I was hastily summoned to see Mrs. M., who was taken with profuse flooding, prior to her fifth confinement. On my arrival I found a large pool of blood covering the floor underneath her chair. She was immediately put to bed. I then made an examination, and found the case to be one of placenta prævia (placenta being attached to the right posterior portion of cervix). I used cold and astringent applications, with opium internally, but without any perceptible benefit. I then resorted to the tampon, which was effectual in stopping the flow of blood. At 4 o'clock P. M. labor commenced, and at 8 o'clock, after several very severe pains, a male child was born, followed rapidly by the placenta, which was considerably lacerated, to the extent of one-half its surface. There also came with the placenta an immense clot of blood, fully two-thirds the size of the placenta.

The child was perfect in its organization, but apparently lifeless and completely bloodless. I succeeded in arousing it for a time by keeping its head much lower than the rest of the body. As soon, however, as its head was raised to a level with the rest of its body it ceased to respire; showing plainly that many apparently bloodless and lifeless children may be made to live on, by keeping the circulation of the brain complete (by lowering the head).

The peculiarities of this case are as follows: 1st. The mother did not manifest any symptoms of a severe loss of blood; 2d. The child, apparently bloodless and lifeless, was followed immediately by the much lacerated placenta, together with an immense clot of blood, which

I think had been organized for some time, the mother having slipped and fallen some days previous, which she complained of for two or three days; it causing bearing-down pains; 3d. Child's manifestation of life when the head was lowered and the brain supplied with blood, but ceasing when brought to a level with the rest of the body. I therefore conclude that it was not the mother that suffered from the loss of blood, but the child. The blood having proceeded from the lacerated portion of the placenta (sub-placental hemorrhage).

W. C. Peaslee, M.D.

Napoli, Catt. Co., N. Y., June 22d, 1878.

A Few Remarks on Medical Reform.

Ed. Med. and Surg. Reporter:—

I have read, with much interest, the report in your journal, of the proceedings of the State Medical Society, and have noticed with satisfaction the attempt in some of the resolutions to raise the standard of qualification for students entering the profession. These resolutions demand that members of the societies shall require their students to pass a preliminary examination in general education, to study three years, and only attend those colleges which enforce the three years' study.

While rejoicing to observe these signs of progress, the question presents itself, whether such regulations as those advocated at the meeting, which will place the most reliable medical men in an anomalous position as regards the receiving of students, will conduce to the general welfare? The result, it appears to me, will be that the least scrupulous and conscientious practitioners will be those who will receive the most students, and that in this way harm instead of good may ensue. Preceptors will always be found outside the societies, and, unfortunately, also, members of the societies, who will give the required certificates to students, so long as the law recognizes the degrees of every little chartered diploma manufacturing establishment in the country as equal to the diplomas of first-rate colleges.

It is evident that medical reform in this direction must proceed by degrees, but it is to me hard to see how a superstructure such as that embodied in the resolutions can be built upon so insecure a foundation as that which the present regulation, or rather non-regulation, of medical qualifications presents.

As time advances, and medicine as a science is expanding, the duties of physicians are becoming more varied, and the responsibilities greater, and requiring a broader and more comprehensive knowledge.

In the questions of the prevention of disease, questions of hygiene and of State medicine, etc., physicians must be the educators and pioneers. In those hygienic reforms which, perhaps, more than any others will conduce to the welfare and happiness of the people, the communities must suffer if responsibilities are assumed without the necessary preparation. If the more intelligent classes knew the false ideas of hygiene, the criminality, the demoralization and incalculable misery that is wrought in the community by ignorant charlatans, who usurp the name of physician, there would be general indignation. But how is it possible for the public, especially the less intelligent, who have no idea of the first principles of medicine, to cope with the brazen impudence of the wily quack? who is, perhaps, called on in an emergency, who trifles with and makes capital out of the tenderest affections, and, if he does nothing worse, sows the seeds of ignorance and superstition. It is a biting sarcasm, that while all this is winked at, there is in some quarters so much opposition to the entrance into the profession of a few educated ladies.

And then, from a narrower point of view, it may be true that only the younger members of the profession suffer pecuniarily by this irregular practice, but the instinct of pride in a noble calling has not been obliterated by a successful practice in those who are leaders of the profession.

The difficulty may be urged that there are so many schools of medicine, which renders a standard of qualification difficult. Except as regards the application of remedies, we know that there is not, nor ever has been, nor ever can be, more than one school of medicine. A well qualified physician, whatever his ideas on therapeutics, is deserving of respect; the necessities for a scientific knowledge of medicine are the same, whatever shade of opinion there may be as to therapeutics; and the shades of opinion are, we know, almost limitless; more than one method of treatment is successful, if intelligently applied.

It appears to me that the first object should be to enforce that legislation, as far as possible, which we already possess. Why should we be behind the legal profession in this respect? they laugh at us for tolerating what we do.

To us is entrusted the duty of not only defending the dignity of our art, but also the public. How is this duty to be performed? Here, in Philadelphia, it is well known that a very large proportion of the practice is performed by men who have no pretense to any form of qualification or training, but a very slight knowledge of drugs, who yet take upon themselves every responsibility, and the style and appellation, of physician.

To correct this evil the first object should be to enforce the legislation we already possess; and this, from obvious reasons, it is impossible for private individuals to do.

To accomplish this end I believe a medical defense association should be established, to be supported by physicians, through the societies, or otherwise, which should employ a competent attorney, and take the necessary measures.

A small subscription by the physicians of Philadelphia would be sufficient to commence such an association.

Existing interests should be guarded as much as possible, but measures taken to check, and

finally to overcome, the present evil. The proposed society would act as an auxiliary to the American Medical Association, and eventually an effort might be made to obtain more uniform and efficient legislation.

Philadelphia. A. H. Mellersh, M.D.

News and Miscellany.

Death of Rokitansky.

A dispatch from Vienna announces the death of Professor Karl Rokitansky, the eminent physician and anatomist. He was born at Konigsgratz, in Bohemia, February 19th, 1804, studied medicine at Prague and Vienna, and received his degree of Doctor in 1828. He was attached to the establishment of Pathological Anatomy in Vienna, was appointed demonstrator in the Grand Clinical School, legal anatomist, etc., and conducted, in the course of a few years, more than 30,000 dissections and post-mortem examinations. In 1848 he was named Honorary Rector of the University of Prague, and Member of the Academy of Sciences of Vienna; in 1849 Dean of the Professors of the School of Medicine, and in 1850 Rector of the University of Vienna. Though not a liberal contributor to the literature of his profession, Professor Rokitansky was esteemed in Germany as the chief of his school. His most important work is a "Manual of Pathological Anatomy," published at Vienna in 1842–46 and subsequently translated into English by the Sydenham Society, and published in London in 1845–50.

Statistics of Physicians.

Dr. Draper, of Boston, gives the following statistics:—

Of 677 deaths of members of the Massachusetts Medical Society, during the last twenty-five years, the earliest occurred at the age of 21, and the latest at 95; the average age of deaths having been 58.84 years. The greatest number died at the age of 72, and the next largest number at 69. Among 1260 deaths of physicians recorded in the registration reports for Massachusetts for the past thirty-four years, the average age at death was 53.27.

Yellow Fever.

A letter from Havana says: Yellow fever is making the usual havoc at this season of the year, and a large number of cases are reported from the military and other hospitals.

The New Orleans *Picayune* publishes a statement that about 60 cases of yellow fever have occurred in that city, seven of which have proved fatal. The Board of Health hopes to check the spread of the disease.

Several cases have been received at the New York Quarantine.

Personal.

—Professor Virchow has decided on leaving active political life, and has addressed the following words to his late constituents: "There are people who say I do not wish to go back to the Reichstag, out of pure dislike to the Empire. Certainly I am one of those who combated the present Imperial laws at their creation, as being inadequate and injurious. But now that they exist, I resign myself to the hard reality, and stand as firmly as any one by the Emperor and the Empire. I cannot accept a seat in the Reichstag, simply because it would be incompatible with my scientific labors to do so, and would inevitably lead to my abandoning them altogether. Perhaps you may think me a good-enough politician, but for myself I think I am a better *savant*. I am convinced that in this, my real province, I can be more useful than in the Reichstag."

—Dr. Augustus H. Gross, a brother of Dr. Ferdinand Gross, of this city, died at his home in Pittsburgh, on Monday. He was twice elected, as a Republican, to the State Legislature, and was president of the Pittsburg Select Council from 1869 until he became a candidate for Mayor in 1872.

—Docent Karl Rokitansky has just been made an Extraordinary Professor, so that Baron Rokitansky's four sons are all professors —two in the Medical Faculty and two in the Conservatorium, one of whom, Hans Rokitansky, is the renowned bass singer.

—The Academy of Sciences at Paris has presented the name of Dr. Brown Sequard as a candidate for the chair of medicine made vacant by the death of M. Claude Bernard.

—Minnie Warren, the well-known dwarf, who has delighted so many audiences, died at Fall River, on Tuesday, July 30th, in childbirth.

QUERIES AND REPLIES.

Dr. W. P.—The dose given should have been a tablespoonful.

Anthracite inquires if there is any substance less potent than caustic potash that will "neutralize in the stomach all glucose, saccharine and oleaginous substances," as claimed by an "anti-fat" nostrum now being advertised.

Dr. J. D., of Mo., desires suggestions for the removal of chloasmic patches on the face and hands. The patient, a lady, enjoys good general health, and is 23 years of age, unmarried.

DEATHS.

Humston.—At Morocco, Ind., at 2 o'clock, Wednesday morning, July 3d, 1878, Lucy A., wife of Dr. M. L. Humston, died of congestive chill.

L. Amanda Nichols was born in Oldham County, Ky., May 21, 1836. Deceased experienced religion in her 9th year, and for 33 years has been a consistent member of the M. E. Church, "bringing forth the peaceable fruits of righteousness." She was married to Dr. M. L. Humston, in May, 1836, and moved that year from her native State to Morocco, Newton Co., Ind. She leaves five children.

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CONSTIPATION, CEREBRAL CONGESTION, HEADACHE, INDIGESTION, BILE, HEMORRHOIDS, etc., etc., by augmenting the peristaltic movement of the intestines, without producing undue secretion of the liquids. Unlike pills and the usual purgatives, it does not predispose to intestinal sluggishness, and the same dose always produces the same effect, that is to say, never needs increasing. These properties render "Tamar" invaluable to the weak and debilitated, and especially to ladies previous and subsequent to their accouchement. It is recommended by the most eminent Physicians of Paris; notably Drs. BELIN and TARDIEU, who prescribe it constantly for the above complaints, and with most marked success.

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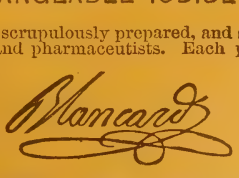

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4th, It meets indications not met by that Salt.

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C. GILBERT WHEELER,
Professor of Chemistry."

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TESTIMONIALS.

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"MARTINSBURG, MO., Aug. 15, 1876.
"I use the CINCHO-QUININE altogether among children, preferring it to the sulphate.
DR. E. R. DOUGLASS."

"LIVERPOOL, PENN., June 1, 1876.
"I have used CINCHO-QUININE, obtaining better results than from the sulphate in those cases in which quinine is indicated.
DR. I. C. BARLOTT."

"RENFROW'S STATION, TENN., July 4, 1876.
"I am well pleased with the CINCHO-QUININE, and think it is a better preparation than the sulphate. W. H. HALBERT."

"ST. LOUIS, MO., April, 1875
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GEORGE C. PITZER, M.D."

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"I believe that the *combination* of the several cinchona alkaloids is more generally useful in practice than the sulphate of quinine uncombined.
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CONTENTS:

ORIGINAL DEPARTMENT.

LECTURE.

SHOEMAKER, JOHN V.—A Clinical Study of Acne 111

COMMUNICATIONS.

HUNTLEY, JAMES T., JR.—An Obscure Case of Cerebral Disease 114
BOYLAND, GEORGE HALSTED.—The Antiseptic Treatment of Wounds 116
WETMORE, CHARLES H.—On Tetanus in the Hawaiian Islands 117
DAVIS, S. T.—Unusually Large Sub-Mucous Fibroid Tumor of the Uterus Removed. Recovery. 119

HOSPITAL REPORTS.

Medical Department of the University of the City of New York.—Progressive Locomotor Ataxia, Without the Characteristic Shooting Pains in the Legs; Syphilitic Paralysis; A Case of Universal Pulse; Epilepsy; Probable Hystero-Epilepsy 120

EDITORIAL DEPARTMENT.

PERISCOPE.

On Pruritus Vulvæ and Diabetes 123
The Cause of the Peculiar Odor of Diabetics 124
Hysterical Derangements of Vision 124
On Hypertrophy of the Heart 125
The Parasitic Disorders of Children 125

REVIEWS AND BOOK NOTICES.

Notes on Current Medical Literature 126

BOOK NOTICES.

Transactions of the Medical Association of Georgia; Transactions of the Mississippi State Medical Association; Transactions of the Iowa State Medical Society 126
Horseback Riding, from a Medical Point of View (Durant) 126
Atlas of Skin Diseases (Duhring) 126

EDITORIAL.

PREMIUM LIST FOR 1878 127
THE ONENESS OF MENTAL AND PHYSICAL HEALTH 127

NOTES AND COMMENTS

Therapeutical Notes.—Benzoate of Soda in Infectious Fever; Jaborandi in Bright's Disease and Œdema; Creasote in Phthisis; Acacia in Cracked Nipple 128
Increase of Local Temperature in Pleurisy 128
Can Syphilis be Produced from Heifer Vaccination 129
Cure of Hydrophobia 129
Origin of Uræmic Convulsions 129
The Dietetic Value of Light Wines 129
Therapeutic Value of Nitrate of Lead 130
Inflammations of the Naso pharynx 130
Skin Grafting in the Colored Races 130

CORRESPONDENCE

Unusual Effect of Bee Stings (Kunst) 130
Treatment of Mammary Abscess (Gould) 130

NEWS AND MISCELLANY.

On Epidemic Diseases 131
The Metric System 131
Organization of a Medico-Legal Society 131
Homœopathic Examinations in the University of Michigan 131
Personal 132
Grave Jokes 132
QUERIES AND REPLIES 132
MARRIAGES AND DEATHS 132

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REMITTANCES RECEIVED.

Month Ending August 3, 1878.

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Original Department.

Lecture.

A CLINICAL STUDY OF ACNE.

BY JOHN V. SHOEMAKER, A.M., M.D.

Reported by A. B. Harbison, M.D., Pennsylvania Dispensary for Skin Diseases.

Gentlemen: This patient, Charles S., single, nineteen years of age, clerk by occupation, has an eruption of small red and white elevations, about the size of a mustard seed, scattered over the cheeks, nose and back. These small, solid points over the skin are papules, and are due to a retention of the secretion, together with an inflammation of the sebaceous follicles. It is the simple variety of acne, in this patient, and is the result of only a slight amount of inflammation in the follicles. The white papules that are present in large numbers in the neighborhood of the eyes are caused by the sebum distending the follicles and rendering the epidermis tense above them.

This affection may not only appear as papules, but also in the form of tubercles, pustules, and black points, like grains of gunpowder, scattered over the skin. It may either appear as one or all these varieties, according to the condition of the system and the violence of the exciting cause, should one exist. In addition to the papules, well marked scars, and a diffused red blush, with some œdema, exists on both cheeks. The patient, in his endeavor to get rid of the disease, has bruised the skin by picking and squeezing these pimples, and thus given rise to inflammation, and consequently great deformity.

This disease is one of the most frequent of all skin eruptions. It is observed in both sexes, especially about the age of puberty. It may attack any portion of the body supplied with sebaceous glands. These glands are chiefly distributed on the face, head, chest, back, arms, scrotum and labia, and are absent from the palmar and plantar surfaces. The eruption in this case has appeared principally upon the face, the situation on which it is most commonly observed. The patient can assign no cause for the appearance of this disease, and he enjoys comparatively good health at the present time. Upon inquiry I find he has been accustomed, for some time, to eat his meals rapidly, and in a very short space of time resume work.

For some months he has experienced an uneasy feeling in the region of the stomach, so slight, however, that no importance was attached to it. At this period of our patient's life the hairs over the body begin to grow rapidly, and consequently there is an increased activity of the glands, together with the blood-vessels and nerves. In this condition any disorder, either external or internal, acting upon the system may produce capillary congestion, the rapid secretion of sebum, and the inability of the glands and follicles to discharge it. The slight derangement of the stomach, scarcely noticed by the patient, has excited the solar plexus, and by sympathetic irritation has produced facial hyperæmia, leading to the development of these lesions upon the skin.

Acne can, therefore, be caused by either local or constitutional disorders. Among the various internal agencies are the physiological changes which take place at this period of life, debility,

and a derangement of some one of the organs. The internal use of iodine and bromine will also cause the same kind of an eruption. Acne is an inflammatory affection, and it should be treated by first removing the cause of irritation, and secondly by soothing the congested skin. I shall begin to treat the patient by prescribing one teaspoonful of granular effervescent salts of pepsin, bismuth and strychnia, in one-half of a glass full of water, half an hour after meals. It will assist digestion, tone up the stomach, and relieve this dyspeptic condition. These granular salts are manufactured by Messrs. Keasbey & Mattison, and are a most desirable method of administering medicines. They are efficacious in the treatment of disease, and likewise overcome the great objection to the nausea and disagreeable taste of many of the drugs. The patient should take a moderate amount of exercise every day. He must also allow himself sufficient time to masticate his food. After the meal has been finished, a short space of time should be spent in rest, in order that digestion may be carried on properly. All indigestible food, such as pastry, pickles, cheese and hot-breads, must be prohibited.

The local treatment is decidedly more important than the general, and I believe, in the majority of cases, should be of a soothing nature. Stimulating applications of green soap, and sulphur lotions to the face, are frequently injurious, by destroying the delicate epithelium, and increasing the hyperæmia of the skin. Employ, in cases of acne of this kind, the following mild astringent lotion: acetate of lead, one drachm; sulphate of zinc, one and a half drachms; rose water, four ounces; add one tablespoonful to a cup of water, and apply to the face with an old piece of linen, every night.

It is one of the best applications in acne, and is not followed by the injurious effects that often result from using some of the stimulating lotions I have already referred to. In addition to the application of this lotion, the gentle friction of a rough towel every morning will also be of great service.

The most rapid and certain means, however, of curing acne is by using, in addition, the needle knife. You can see it is like a fine needle, having flat sides, and presenting the appearance of a small spear. I have had this form of a knife made especially for use in acne cases. The local treatment in this patient will consist in tapping all these papules with this small knife. Taking each papule and puncturing them in this manner, the sebum and black blood readily flow from most of them. The accumulated sebum in some papules will not flow off even when you resort to this method, but gentle pressure at the sides of the pimples will always bring it away. The benefit of the needle knife is twofold: first, by relieving the follicles and delicate tissue of substance that now acts as an irritant, and secondly, by depleting the congested skin. After tapping the patient should apply to the parts an ointment composed of borate of sodium, one drachm, ointment of the benzoated oxide of zinc, one ounce, and olive oil a sufficient quantity to soften the ointment so it can be nicely and elegantly spread over the surface with a camel's hair brush. The application of this soothing ointment quickly heals these small incisions, lessens the facial congestion, and materially assists in curing the disease.

The next case, gentlemen, is one of great interest, inasmuch as it includes all the varieties of acne. This young woman, unmarried, aged seventeen, has papules, tubercles, pustules, black points, scabs and scars distributed over the face and neck, and they have produced great disfigurement of the countenance. It is usual to make several varieties of acne, and to give to each a separate and lengthy description. These simple papules are termed acne vulgaris; the indurated kind, acne indurata; the white papules, acne miliaris; the black points, acne punctata; and these spots which are succeeded by atrophy and hypertrophic growth, acne atrophica and acne hypertrophica. These papules and pustules, which have small dry crusts on their top, are named acne varioliformis. When this disease occurs in the poorly nourished, and debilitated, it is called acne cacheeticorium, and when it is produced by the action of tar, acne artificialis.

I shall not dwell upon these various designations, as they render the subject difficult, and are neither necessary nor useful. In fact, it is these divisions and subdivisions in text books on diseases of the skin that deter the majority of students from studying this important subject. It is only necessary, in considering this disease, to recollect that it may occur in the form of papules, tubercles, pustules and black points, or all these may be combined, as is the case with this patient. This woman has been engaged in a shoe factory, and her occu-

pation consists in sewing together a leather made of sheepskin, for the purpose of making kid boots. She dates the appearance of these acne spots shortly after beginning this occupation. The dye in the leather, while working, discolored the hands, and then, when brought in contact with the face, caused capillary congestion, closure of the follicles, and the development of this disease. The skin of the face is very vascular, and is quickly influenced by the application of any irritant. Tar, dyes, want of cleanliness, changes of temperature, the use of powders, paints and cosmetics may induce capillary and glandular congestion, followed by the development of acne. I further learn, upon closely questioning the patient, that she has also had considerable mental anxiety, and occasionally some uterine derangement. Mental emotions can affect facial circulation, as is shown by the sudden dilatation and contraction of the capillaries in blushing and pallor. Uterine and ovarian disturbances are frequently the cause of this disease, by sympathetic irritation reflected upon the skin. The patient presents the appearance of one being strumously constituted. And there is always a marked tendency, in such cases, to the formation of these pustules, which rupture, discharge pus, and dry to crusts of a yellowish-brown appearance, and in falling off leave scars very much like those of small-pox. It is well known that in such individuals, when the glands are physiologically active they are apt to become disturbed by reflected irritation, from mental or uterine disorder. The history, age, seat, and chronic course of this disease should be sufficient to establish the diagnosis. The only marked difference between the specific and non-specific varieties of acne are, the history of syphilis in the former, its characteristic stains, and its occurrence in connection with other forms of the same disease.

The treatment should be commenced by removing the exciting cause, and this can best be accomplished by the patient being particular not to bring the hands in contact with the face. Mental and bodily rest is needed, and if the patient could afford to go to the seashore or the mountains for a few weeks it would materially alter her present condition. The change of air and diet in patients affected in this manner is often of a decided benefit. The diet should be simple, and should be composed largely of vegetables and fruits. Saline mineral water or Epsom salts should be taken every morning, and attention must be directed to the occasional derangement of the uterus. Two teaspoonfuls of cod-liver oil and five drops of the syrup of the iodide of iron should be taken three times daily, after meals, for this strumous state of the system. If you should meet with cases with weak digestive powers, avoid the alteratives and give in their place large doses of the bitter tonics. The use of certain drugs highly lauded by some physicians is objectionable in the treatment of this disease. The most prominent among these medicines is arsenic and its compounds, which is frequently given in acne without in the least benefiting the disease. Its use, on the contrary, often aggravates the eruption by inducing hyperæmia of the follicles, and is followed sometimes by the development of a papular rash. It has been so injudiciously recommended in so many skin eruptions, especially acne, that it has now become very common for the patient to come to the doctor after having taken large doses, and having, as a result, a weakened condition of the organs of digestion. It is not only internal medication that is needed, but also important local applications. In the first place the impacted sebum in the follicles can best be removed by again using this valuable needle knife. I now rapidly puncture these papules, tubercles, pustules and scars, and the broken down sebum freely oozes from the small incisions. I nick the sides of the follicles containing the black points, pass the little needle down, and scoop out the sebum. All the capillaries of the skin being engorged, now bleed freely and relieves the stagnation. This local treatment, by leaving out the sebum, relieves the tension of the skin, prevents the rupture of the epidermis, the discharge of pus, and the formation of scars. An immense amount of mischief is inflicted on the part by patients squeezing these acne spots between the nails, or by pressing over them a watch key, in order to remove the plug of sebum in the follicles. The employment of this plan of relieving the follicles intensifies the disease by breaking the soft and tender epithelium, and thus leads to permanent disfigurement. The patient has produced this marked deformity of the face by resorting to this injurious habit of pressing the follicles between the fingers. All these evil effects of scarring can be avoided by promptly using the needle knife. The oint-

ment of the borate of zinc should always be applied after making the incisions, and in a very short space of time no trace of them will be visible. The mild astringent lotion of the acetate of lead and sulphate of zinc, referred to in the previous case, should be applied every night over the acne spots, with an old piece of linen. In addition, a vapor bath should be taken twice a week. It will be very beneficial and of great aid in assisting the cure of the disease. It can be prepared in almost every household by boiling together, thoroughly, equal parts of vinegar and water; the liquid is poured into a pitcher and half an ounce of powdered myrrh added to it; the patient should now throw a towel around the head and hold the face over the mouth of the vessel until it is well steamed. This vapor bath will stimulate the action of the absorbent vessels, and will aid in removing the sebum. It will overcome this roughness of skin, and will assist in restoring it to its soft and pliable condition.

Communications.

AN OBSCURE CASE OF CEREBRAL DISEASE.

BY JAMES T. HUNTLEY, JR., M.D.,
Of West Winfield, N. Y.

As the following was a case of considerable interest to the writer, and as there is some doubt as to the correctness of the diagnoses, as made by different physicians, I presume to place it before the profession, through the columns of the Reporter.

Mrs. P., aged 52 years, had been married 25 years, and was the mother of five children, the youngest six years old. One daughter has mitral stenosis, the result of repeated attacks of rheumatism. The other children have always been exceptionally well. There is a clear history of rheumatism for three generations, Mrs. P.'s mother being much deformed by its attacks and by rheumatoid arthritis. No other vice of constitution could be discovered.

Mrs. P. was undergoing the change of life. She began to "dodge" nearly two years ago, and had experienced but little trouble or inconvenience. About the last of July, 1877, Mrs. P. was thrown from a wagon, and, as she said, struck the earth squarely upon the nates. There is no certainty of this, as other parties to the accident were busy looking after themselves, and only give conjectures.

She rose after the shock, but had to rest a short time before proceeding on her way home. One ankle and thigh were slightly bruised. The next morning she told her husband she "had not closed her eyes" during the past night. Within a day or two she had apparently recovered from this shock, and for two months was as well as usual, performing her accustomed duties; she, however, several times expressed the idea that she might not live, and that her health was failing.

About the first of October Mrs. P. began to complain of headache on waking in the morning, which wore off toward evening, but every day lasting a little longer. October 27th she was thoroughly wetted while returning from a neighbor's, and was a little chilly. On the following day she was taken with vomiting, slight diarrhœa, fever, fugitive pains. The headache now was continuous. The next day the symptoms become more urgent, and on the third day Dr. J. M. Rose (my associate) was sent for. The symptoms at this time present were headache, vomiting, coated tongue, pains in the limbs and back, high fever (temperature not taken), tympanites, gurgling, and tenderness in the right iliac fossæ; the pupils were contracted; there was muscæ volitantes and ringing in the ears. The case passed for one of the mongrel typhoids that were quite numerous with us at the time. For two weeks these symptoms kept up. During the third week the neck began to be stiff, movement being painful. Complaint was made at this time of a "throbbing, puffing noise" in the head. The treatment had been the usual—quinia, etc.

During the fourth week the case was seen by one of the most eminent men in the county (Dr. P.), who pronounced it a case of spotted fever, and advised the use of blisters and free catharsis, opium and camphor.

At the time this treatment was begun there were tympanites, tenderness in the right iliac fossæ and along the course of the colon, with constipation and slight disturbance of digestion. The pulse 60; had been running from 45 to 70; temperature 99°.; subsultus; feet and hands cold; face pale, but puffy under the eyes, and slight flush on the cheeks; photophobia; spots before the eyes, noises in the ears; protruding the tongue was painful. The head was flexed rather than extended with pain on passive—ac-

tive movement being impossible. There was a slight cough, with expectoration of a glairy mucus, in great amount.

During the following month the symptoms continued about the same. The emaciation progressed very slowly; the headache never ceased during the waking hours, and dizziness was produced by every attempt to assume the sitting posture. The neck was immovable, and support was required for the least movement of the head, for she was incapable of contracting the muscles of the neck. Iliac tenderness kept up.

The treatment during the time was directed mainly to the relief of the headache. Heat and cold, stimulants and sedatives, guarana and conium, were tried and failed, so that finally we resorted to morphia, hypodermically, as the only means of relief.

Dec. 29th. For the first time the patient is a little "flighty," but requires no restraint. Pulse 78, temperature 98°, respiration 20; tongue clean, eyelids puffy. There is extreme difficulty in swallowing, headache, contracted pupils, tenderness in the iliac fossæ; the left arm and forearm are semi-paralyzed; the corresponding lower extremity is affected in a less degree; sensation not at all affected. The patient wants the head well raised; she is very dull and inclined to sleep. Treatment: brandy, iron, cod-liver oil, opium and camphor.

Jan. 1st, 1878. Case was seen by Dr. H., of Oneida, N. Y., who pronounced it a case of spinal meningitis, and advised—

℞.	Hydrarg. bichlor.,	gr. ij
	Potass. iodid.,	℥vj
	Aquæ,	℥vj

Sig.—Dose one teaspoonful three times daily, with stimulants, quinia and pepsine.

Jan. 3d. Condition unchanged. Treatment the same, with guaiacum, gr. xxx, ter die.

Jan. 11th. The symptoms are nearly the same, the paralysis increasing. Cannot protrude the tongue; speaking is very painful; swallowing solids is impossible. There is incontinence of urine and constipation; the pupils are contracted; pulse 80, respiration 15, temperature 98⅜°. The pupil was dilated and an ophthalmoscopic examination attempted, but while sitting the patient was unable to keep the head quiet, or the eyeball from rolling from side to side, so that but a very imperfect view of the retina could be obtained. Nothing was discovered beyond that it was rather paler than in the normal eye. The urine has been examined several times, but nothing abnormal found, beyond a rather large amount of vesical epithelial cells. Chloral to be substituted for opium and camphor.

Jan. 17th. Pulse 104; temperature not raised. Blister again at the back of the neck.

Jan. 22d. Headache, neck, pulse, temperature, pupil and palsy unchanged. Treatment the same, with hypodermics of morphia.

Jan. 23. Began the use of hydrobromic acid.

Jan. 24. Patient talked quite freely; head does not ache as bad; appetite improving. Treatment continued.

Feb. 1st. Early this morning, while sitting up, after undergoing the fatigue of a rectal injection and a movement of the bowels, Mrs. P. became drowsy; her eyes rolled to the left; the body was covered with a profuse sweat; the face was flushed; rapid pulse; slow and deep respiration. Remained in this condition about an hour. Stimulants were given quite freely at this time.

Feb. 7th. Pulse 130, temperature 98°, respiration slow and deep. Neck is very much swollen; swallowing difficult and painful. After an injection (rectal), a condition similar to that of the 1st inst. followed. At this time the face was pale; continued for three hours.

Feb. 13th. Saw the case in the evening. She had been seen in the morning by Drs. P. and Rose, who had made a radical change in the treatment. Patient was lying on the left side, with the neck swollen to such a degree as to push the chin up and prevent opening the mouth. It was not an enlargement of any glandular structure, but a general swelling of the whole anterior part of the neck. The tongue was coated at the tip, abdomen tympanitic, tenderness in the right iliac fossæ, palsy, imperfect vision, muscæ volitantes. There is phlyctenular conjunctivitis of the left eye; pupils, one dilated and one contracted; headache, and the neck stiff. Pulse 112, respiration 26, temperature 101⅔°. Appetite now lost, obstinate constipation, urine comes away as it reaches the bladder. With an idea that rheumatism might be a factor in the etiology of the case, the following treatment was ordered: wine of colchicum and five grains of the Rochelle salt, in increasing doses until a free movement of the bowels was obtained.

Feb. 16. The constipation continued up to 7 o'clock, P.M., when the bowels began to run

off, without control. Discharge thin and watery in character, and of a light color. The colchicum and salt stopped. The condition remained nearly the same until morning, when slowly the mouth drew to the right side, and the paralysis became complete. The eyes were open and motionless, the cornea was insensible to touch, the breathing became stertorous and slow. At noon on the 17th I found her pulseless, speechless and cold. Death occurred at three o'clock. A post-mortem was refused.

In conclusion: the treatment has been given very imperfectly. I might state that several hypodermics were given, of strychnia, but produced *no aggravation* of the symptoms; that the appetite and digestion were unimpaired from the third to the twelfth week; that the pupil dilated with atropia remained dilated until death; that a very small bedsore appeared about the tenth week, lasting a short time; that noise and confusion were not noticed by the patient until the last weeks of her illness; that there was never retention of urine, nor was the incontinence from overflow; that hot applications would sometimes relieve the headache for a short time.

Query. Could it have been a case of meningeal inflammation?

THE ANTISEPTIC TREATMENT OF WOUNDS.

BY GEORGE HALSTED BOYLAND, M.A, M.D.,
Of Baltimore.

It is now claimed, after three years of trial of the antiseptic method in the treatment of wounds, that as good, even better, results are obtained by what is styled by some the "open treatment;" that is, the treatment of wounds by any method not antiseptic. In the Strasburg Surgical Clinic wounds healed so well in cases in which antiseptic dressings were not employed, that the microscopic examinations of different pus gave no marked differences. A significant fact, however, is that these favorable returns date from the introduction of the antiseptic method, and, moreover, in rooms that were formerly used as obstetric and childbed wards, and in which puerperal fever was seldom absent. It is thus shown that wounds treated, not by the antiseptic method, but adjacent to those that were so treated, healed better and more rapidly than before it was brought to their neighborhood, the disinfectant undoubtedly purifying the air when the dressings were placed upon those patients to be treated antiseptically — to a very small degree, and only for a short time, however, as no mention is made of cloths, saturated with any disinfectant, being hung up in the wards.

Ernest Fischer, in Strasburg, has made experiments which would seemingly lead the Professor to modify the theory, and also, in part, the practice, of Lister's method. Fischer found colonies of micrococci in the pus from drainage tubes, especially in deep abscesses, or where there was stagnation of pus, in small quantities. Even in cases where, from the moment the wound was inflicted, the antiseptic procedure had been most strictly carried out, and the course run by the wound had been most satisfactory, the different forms of cocco-bacteria were found, at times more, at others less. For the most part, the micrococci presented themselves, in diplo and strepto forms. It is important to note these forms, as the monoform can easily be mistaken for fibrin and fat, proving nothing as regards vegetation. The megaforms of coccus and bacterium, as also the bacterium with eel-like, waving motion, are less frequently found. The last-mentioned forms are noticed in those cases in which the possibility of entrance of the germs existed before the employment of antiseptic means, but it is noteworthy that after commencement of the pus, *bonum et laudabile*, no difference as to form and number can be detected. In instances where the antiseptic treatment is not at all, or not rigorously enforced, the same forms present themselves, but vary much as to number, and in many cases the difference from those in which Lister's method is carried out to the letter, is not a marked one.

It seems, therefore, nay, is so—if we base our assertion upon the above observations, officially reported*—that the antiseptic method is not able to prevent the development of micrococci and bacteria. This becomes more conclusive still, when it is taken into consideration that the greatest caution was and is used in a great variety of experiments with all the different disinfectants now in vogue — said experiments covering a considerable period of time.

What, then, is the use of the antiseptic treatment of wounds? It is this: not so much to prevent the development of bacteria—which we are told exist even in healthy tissues and secre-

* Deutsche Ztscht f. chr. vi, 4 a. 5, 1875, p. 329.

tions—as to hinder, if possible, a decomposition of the wound secretions; or, if we think, with Pasteur, that this decomposition is brought about by organisms, to reduce to a minimum their growth and increase. Fluids play a large part in decomposition generally; it is so with pus, the decomposition of which can only go on rapidly when a certain quantity of fluid is present; the more the quantity of fluid is diminished, the more decomposition is hindered. As as illustration of this principle, may be cited the excellent results in small wounds healing by crust or scab, leaving the spray and every disinfectant out of the question.

On the other hand, if only a portion of the fluid is used by the crust or scab in forming itself, occlusion might bring about a dangerous retention of secretion. However, it is generally conceded, by even the most violent opposers of the antiseptic method, that the use of disinfectants in the treatment of wounds does—as much as it is possible to accomplish—prevent the decomposition of the secretions. Beside the destructive influence of carbolic acid on coccobacteria, are not to be forgotten the thorough cleansing of the gases, and their capability of being imbibed by the wound secretions; and lastly, the great care that must be exercised to prevent the secretions from saturating the bandage. Carbolic acid is considered by many to be the best and most powerful disinfectant; others prefer salicylic acid; the only difference being that carbolic is a more powerful escharotic, in the concentrated form, and possesses a very offensive smell, wanting in salicylic acid, while the latter, in the diluted form, has the same properties as carbolic acid, with the advantage that the spray is not volatile. In the experiments mentioned above carbolic acid was employed.

Equally interesting are those made at the Greifswalder Clinic, as regards the presence of bacteria, the dressing used being a composition of salicylic acid and oakum.

The latter lose somewhat in value, as compared with the carbolic dressing, strictly speaking, because they were not made with salicylic acid alone, but with the oakum composition. How far the salicylic acid aided in bringing about the result, cannot be determined, any more than the influence of the oakum, *per se*, can be properly estimated. That oakum alone is an excellent dressing for wounds, and that it has strong antiseptic qualities, the experience of the Franco-Prussian war, 1870-71, abundantly proved; it will not be necessary to quote here from the long list of authorities on this point. It would hardly be considered fair play to produce statistics obtained from a dressing thus compounded as against those resulting from a simple dressing — the odds being two to one —were it not that, in spite of the double antiseptic method (if it may be so called), the cases turned out no better than those in which the simple method was employed.

In the treatment of wounds in general, it will be observed, as a rule, that the simpler the dressing the better the result; with one good antiseptic and cleanliness we accomplish all.

(To be Continued.)

ON TETANUS IN THE HAWAIIAN ISLANDS.

BY CHARLES H. WETMORE, M.D.,
Of Hilo, H. I.

The Hawaiian Islands are situated within the Tropics. The diseases existing here are not often found to be as severe and fatal as they are in a similar latitude on a continent, or on islands near the "main land."

Located as we are ("an archipelago" in mid-ocean), we are seldom visited with the usual epidemics of other countries, save those of influenza (which every Southern breeze, laden with ozone, brings to us), and bilious remittent fever, which has become naturalized here from the American Pacific coast.

Tetanus, the principal subject of this article, is not a frequent sequence of surgical operations or of bodily injuries, in any part of these fair islands. It is also quite infrequent as a primary or idiopathic disease, and is not more common among the darker native race than it is with those of a lighter hue, who have emigrated here from other countries.

The first case I was called to treat occurred in this town of Hilo, twenty-seven years ago, the sequela of a stub-wound in the foot; the festered puncture-wound was early enlarged, and the case was treated mainly with cataplasms, opiates, and the warm bath; the termination (as was usual in those days) was death. Suffice to say, three others under my treatment have died; one originating from disease of the ear; the other two from traumatic diseases of the thumb and wrist; though

(I ought to say) one of these died seventy miles away, just before I reached his house.

I was called to visit my fifth case on Thursday, May 11th, 1876. B. R., nearly ten years of age, was attacked with slight trismus, about 10 P.M. on Wednesday, the 10th. The spasms were light, and recurred at intervals of an hour; the parents paid but little attention to them at first, thinking that they were the result of a severe fright experienced the evening before, while listening to some ghost stories; in the morning they gave her an opening dose of medicine. About 5 P.M. on Thursday she had a severe spasm, which led them to send in haste for me, to see and treat her. They laid so much stress on the fright, that I gave her, quite early, a large dose of valerian, and a little later a dose of bromide of potassium; neither of them had any good effect.

After careful inquiry, I found that about five days before she ran a sliver into the inner side of the left great toe, which she removed herself. I noticed at once that the jaws were but slightly affected, and soon the spasms assumed the form termed "opisthotonos;" the "risus sardonicus" was also quite marked. I first administered nux vomica, while waiting for the valerian; I continued giving a few small doses of it during the first two hours of treatment, but without avail. I then determined to put her upon the use of the extract of Calabar bean (physostigmatis faba.) A tincture was prepared (in the manner suggested by Dr. Geo. A. Turner, of the Samoan Medical Mission), by dissolving twelve grains of the English officinal extract in an ounce of rectified spirits, so that forty minims would represent one grain of the medicine. At 8.50 P.M. I gave her five drops of this solution, in a little water, and repeated the dose at 9.50 P.M.; at 10.50 P.M. she took ten drops; at 11.50 P.M. fifteen drops; after this she fell asleep. At 1 A.M. of Friday, May 12th, she took twenty drops, which was repeated at 2 and 3 A.M.; at 4 A.M. she took thirty drops, and a similar dose at 5 A.M.; I then gave her thirty-five drop doses as follows; viz, at 5.45, 6.30, 7.45, 8.30, and at 9.15 A.M.; she then took forty-drop doses at 10.30 and 11.30 A.M., and at 12.15 P.M.; the last dose controlled the spasms, checking them very considerably; after this I gave her, at intervals of from twenty-five to thirty minutes, when awake, twenty-drop doses during the day. At evening the tetanic spasms (occurring every ten or fifteen minutes) became stronger, and continued so until three of the larger doses of the extract had been administered per orem, with the additional dose of fifteen grains of chloral hydrate per rectum; after this she spent a quiet night, and took less frequently, smaller doses of the extract. The initiatory attack of each spasm seemed to begin with twitchings about the left lower limb, thus indicating that my diagnosis of her case was correct. Under the influence of ether, I lanced the foot over the seat of the injury, and kept warm bread and lye poultices applied to the wound about thirty-six hours. Warm and vapor baths were used, but with no good result.

On Sabbath evening, the 15th day of May, having noticed that my patient greatly disliked the liquid medicine, I prescribed the extract in the form of pills; one-fourth grain doses were given every half hour when she was awake; occasionally she would sleep a whole hour. Toward morning diarrhœa, with dysenteric symptoms, supervened, and continued several days, making it necessary, after the morning of the 16th, to diminish, temporarily, the quantity and frequency of the Calabar bean. The bowel complaint yielded pretty readily to the usual remedies given here for such diseases, viz, morphine, with aromatic spirits of ammonia, nitric ether, and aromatic syrup of rhubarb, accompanied with nitrate of silver injections, bis in die; a diet of beef blood was also enjoined.

Flatulency was, at times, troublesome. The father being a German, and much habituated to using Dr. Jayne's medicines, I allowed the use of Jayne's carminative balsam, which had the desired effect.

After these unpleasant and adverse secondary symptoms had passed away, the dose of the Calabar bean was again increased, enough having been given in the meantime to keep the disease under control, and to make the child comparatively comfortable; the most common dose during this stage of the malady was an eighth of a grain every twenty-five to forty-five minutes, pro re nata; occasionally a longer time elapsed between the doses.

After the 21st of May there were exacerbations of the muscular contractions, at intervals of nearly twelve hours; the severer paroxysms coming on about half an hour earlier during each successive day; aside from these her

spasms were then very light and transient. When the severe spasms occurred an increase of the remedy was given, amounting to one-half grain every fifteen minutes, for three or four times, and afterward less frequently and in smaller doses.

On the tenth day of the disease she began to use her hands without inducing spasms, so I considered her much better. There was considerable tenderness over the spine, which was benefited by the external use of Wolcott's Pain Paint; chloroform was used first, but seemed too harsh for so young a child. Egg-nog, beef essence, chicken-broth, and thin "poi," (the pounded cooked tuber of the Colocasia antiquorum, variety esculentum) were her common diet, except during the dysenteric period.

The extract of Calabar bean was continued up to the sixth day of June, in all twenty-six days, the amount being daily lessened until one pill of a third of a grain would suffice for a single night.

The child began to walk a little, with help, on Wednesday, the 31st of May; two days later she walked alone by holding on to the bedstead; but in attempting to walk without support, she fell down and bruised her lip; for three days she was more careful and seemed contented to progress more slowly in pedestrian exercises. The improvement was very gradual.

On the 17th of June, 1876, she walked over to my house, a distance of a quarter of a mile, and rode back, experiencing no untoward results from the exertion thus made. It is another trophy in favor of the extract of Calabar bean.

The parents feared, during the child's illness, that she would never acquire again her usual energy and activity. She is now one of the strongest and healthiest children in our neighborhood, and in her school manifests very commendable scholarship.

UNUSUALLY LARGE SUB-MUCOUS FIBROID TUMOR OF THE UTERUS REMOVED. RECOVERY.

BY S. T. DAVIS, M.D.,
Of Lancaster, Pa.

Was called March 8th, 1878, to see Mrs. P., aged 28; married two years; menstruated at the age of twelve; has always been regular; never pregnant; states that she "has not been more than forty-eight hours without a bloody discharge from the vagina since the 18th day of December, 1877." Has been under homœopathic treatment; patient almost bloodless; great emaciation, and so weak that she is unable to assume the sitting posture without feeling faint.

Physical Examination.—Pulse weak and thready; pelvis filled with the distended uterus; os uteri small and firm; neck one and one-fourth inches in length, resembling a nipple; abdomen enlarged to about the size of pregnancy at the sixth month; symmetrical in shape, with dullness over whole tumor; sound passes with difficulty one inch and a half, and comes in contact with a semi-elastic substance. Has suffered very little pain during her illness. Diagnosis, submucous fibroid. Gave astringents, and enjoined rest in the recumbent position, with nourishing diet.

March 13th. No improvement; determined to dilate the os, and if correct in diagnosis, remove the tumor. Accordingly introduced a small sea-tangle tent, which was followed by a small sponge tent in twenty-four hours. This treatment was kept up, increasing the size of the tents until the 24th of March, when the os was dilated sufficiently to admit the index finger. Owing to the great prostration of the patient the process was necessarily slow. I was now for the first time able to make a satisfactory examination of the attachment of the tumor. I found that the sound glided up the left side, and revealed the fact that about two-thirds of the circumference of the mass was attached to the right side of the uterus, the attachment extending from the fundus to the os internum. At this examination I used a stiff steel sound, and with it perforated the capsule, even passing it into the substance of the growth from the os internum to the fundus, in a dozen or more places, and ordered fld. ext. ergot in small and often repeated doses.

March 25th. Patient complains of pains during the latter part of the night; uterus contracted firmly; grumous discharge from the cervix and becoming offensive. With a Davidson syringe injected tepid carbolized water into the cavity of the uterus; the same to be repeated in the evening.

March 26th, 9.15 A.M. Uterus well contracted; slept none; profuse discharge during the night, containing membranous shreds. A mass of the tumor engaged in the os internum, which I removed with polypus forceps; washed out the uterus by using a quart of tepid carbolized water; discontinued the ergot, as it was

evident that, owing to the firm attachment at the os internum, sufficient dilatation could not take place to expect the expulsion of the whole mass, as is sometimes the case; and, although the patient had lost no blood of any account since the 13th inst., it was readily perceptible that she was gradually becoming weaker.

5 P.M. Removed about two ounces of the tumor which was engaged in the os; discharge profuse and very offensive; the intra-uterine injection repeated; sound passed into tumor in all directions; the size of the uterus perceptibly smaller. Ordered quin. sulph., two grains every four hours, with twenty drops dialysed iron; beef tea, as much as could be borne; McMunn's Elixir, twenty drops, at bedtime.

March 27th, 9 A.M. Suffered from uterine contractions all night; removed a large mass engaged in the neck. Treatment continued.

5 P.M. There has been a profuse, shreddy discharge; removed another portion which was engaged in the neck.

March 28th. Visited twice to-day, and both times removed portions of the disintegrated mass.

March 29th. Rested well; the discharge has been free, and the dilated os is filled with portions of the dead growth.

April 8th. Nothing of special interest has occurred in the history of the case since March 29th, except that the portions of the tumor found engaged in the os have been smaller from day to day, and the discharge less offensive. Since the 30th I have used tincture of iodine instead of carbolic acid as an injection. Uterus still diminishing in size; appetite good; sleeps well, and is able to sit up for a few minutes at a time on an easy chair.

April 10th. Continues to do well; discharge sero-purulent, not offensive; discontinued injections; none of the mass removed since last report. Applied solid stick of argent. nitras to excessive granulations of cervix. Pulse 82.

April 13th. Last night what proved to be the last portion of the tumor passed.

April 19th. Patient gaining strength rapidly; sits up most of the day. Sound passes inward and upward to the extent of four inches, at which point the fundus is reached. Quinia and iron to be taken three times a day.

May 6th. Patient has regained her usual health and strength, and menstruated regularly to-day. Sound passes three inches; discontinue quinia and iron.

June 17th. Patient menstruated on the 5th; uterus almost normal in size; no discharge from the vagina whatever.

I cannot close this report without acknowledging the efficient assistance rendered by Mrs. Mary E. Wilson, M.D., of this city, who also kept full daily notes of the case.

Hospital Reports.

MEDICAL DEPARTMENT OF THE UNIVERSITY OF THE CITY OF NEW YORK.

CLINIC FOR DISEASES OF THE NERVOUS SYSTEM.

BY PROFESSOR WILLIAM A. HAMMOND.

Reported Expressly for the Medical and Surgical Reporter.

Progressive Locomotor Ataxia, Without the Characteristic Shooting Pains in the Legs.

Gentlemen:—At the Neurological Society, a few evenings since, a physician of this city read a very interesting report, and presented the pathological specimens of a well-marked case of progressive locomotor ataxia, in which, at no time during the course of the disease, were there any of those sharp and lancinating pains in the lower extremities which have been generally regarded as a distinguishing characteristic of the affection. At that time I stated that, in my own practice, I had met with a very few similar cases, and to-day I have the pleasure of bringing one of them before you. Such exceptions to the general rule in the disease in question are certainly very rare, and many of you may never have an opportunity of seeing another one. Still, it shows that we must not place too much reliance on the shooting pains in the legs as an invariable symptom; so that we ought not to hesitate to make the diagnosis of locomotor ataxia in any case where its other characteristic features are present, notwithstanding the absence of this one.

On the other hand, I mentioned, on the occasion to which I have alluded, the case of a physician with whom I am acquainted, who has suffered for years from shooting pains in the legs, of the exact type of those met with in ordinary well-marked cases of progressive locomotor ataxia, and yet who has never had the slightest degree of loss of coördinating power, or a single one of the other symptoms of the disease. Personally, I must say that I am inclined to think it altogether probable that this gentleman really is affected with locomotor ataxia; but he would be a rash individual, indeed, who would express the positive opinion that a man has sclerosis of the posterior columns of the cord, if it were based exclusively on the fact that he has shooting pains in the legs, and when it is a fact also, that these pains have

already existed for some years, as they have in this case.

These pains, therefore, you will understand, are not to be regarded as pathognomonic of the affection, though you must not lose sight of the fact that they are really to be met with in almost every genuine case. Scarcely a week passes in which I do not see some patient who has been suffering for some time from these pains, and who has been treated hitherto merely for rheumatism or neuralgia. Yet, when I come to make a careful examination of the case, all the symptoms of progressive locomotor ataxia are found to be present.

In the present case, however, there is not the slightest shadow of doubt that the patient is affected with the disease, notwithstanding the fact that he has never once had any of the characteristic pains. When he walks across the floor with his eyes closed you perceive the peculiar, uncertain gait, and how he spreads his feet apart. If I knew nothing whatever about his case, and saw a man walk like that, with his eyes closed, I should be perfectly willing to pronounce, from that alone, that he had sclerosis of the posterior columns of the cord. It is curious to observe how persons suffering from this affection sometimes become panic-stricken upon attempting to walk upon ice or a polished floor; and in this connection I may say that I remember seeing such a patient so overcome with the fear of falling when going through the tiled hall of the Fifth Avenue Hotel, that he dared not take a single step, and cried out lustily for assistance. So, too, such patients, on account of their loss of coördinating power, cannot trust themselves to cross a crowded thoroughfare, like Broadway, unless they are accompanied by some one else; and the gentleman who is now before you tells me that this is true in his case. The soles of their feet are lacking in sensibility, and they always require the assistance of the eyesight in walking. They fix their eyes steadily on the ground, about ten feet in advance of their feet, and as long as they do this they get along very well; but the moment they elevate their eyes they are all at sea, and the effect is precisely the same as if they had closed them.

This patient informs me that within the past week he has begun to feel a sense of constriction about the trunk. This is not a characteristic symptom of spinal sclerosis, and is more frequently met with in congestion of the cord. It is an interesting feature when present, however, as showing the height to which the disease in the cord extends; it having been demonstrated that this is indicated by the height of the sense of constriction experienced. In the present case the constriction is felt just below the level of the cœliac plexus of the sympathetic system.

When asked as to his present condition, the patient states that he is able to stand considerably better than he could some time ago, but that there has not been any improvement in his walking; though he is not any worse in this respect than formerly. I can notice myself that when he stands with his eyes shut he does this with more certainty than when I last saw him; and it is interesting to observe that the longer he maintains the position the more certain does it become. This is to be regarded as a favorable sign, as it seems to indicate some improvement; for, if his condition was becoming worse, the longer he remained upon his feet the more uncertain would be his manner of standing. At present he has no trouble at all with his bladder, but he suffers a good deal from constipation; this being one of the earliest and most constant features of the disease.

But I do not propose to go fully into the subject of progressive locomotor ataxia to-day. The chief point that I wish to impress upon you in connection with this case is, that the shooting pains ordinarily characteristic of the disease are not essential to the diagnosis, if the other well known features of it are present.

In regard to the treatment, I may say that I commenced here, as I ordinarily do in these cases, if seen comparatively early in the course of the disease, with the use of ergot. At one time nitrate of silver was vaunted as the great remedy in this affection, and was almost universally employed; but it is seldom given now. The longer I tried it the more strongly convinced I became that it was of no service whatever, and now I have not used it in a single instance for about six years. In the same manner I have given phosphorus a trial, and discarded it as useless. The theory now prevalent in regard to the pathology of the disease is, that there is an inflammatory process which ends in sclerosis, the first stage of it being a congestion of the part. Hence, we give ergot with a view of overcoming this (sometimes combining it advantageously with belladonna), and in a certain proportion of cases great relief seems to follow its use. If we have a simple congestion of the cord, I know that ergot will cure it; but in the kind of congestion which is said to eventually result in sclerosis, its good effect would seem a little more open to question. I may add that I have also employed the actual cautery in some instances, with apparent advantage.

But whatever plan of treatment you adopt, the results obtained will not be very brilliant, and if you succeed in curing one or two cases out of a hundred, you may consider yourself fortunate. For some time past this patient has been taking bromide of sodium, in connection with the fluid extract of ergot, fifteen grains of the one, and a teaspoonful of the other, three times a day. To-day I propose to discontinue these remedies, and put him upon the use of hypophosphorous acid, of which he is to take from ten to fifteen minims three times a day. As the gentleman resides in Hartford, and I shall not probably see him in the meanwhile, I will ask him to go on taking the medicine regularly in this manner until the latter part of September; when, the college being again opened, I trust he will return here

and give us an opportunity of observing what change, if any, has taken place in his condition. This is an exceedingly slow disease, and it is often only after an interval of several months that we are able to detect any difference in a patient suffering from it.

In regard to the hypophosphorous acid, there is no possible physiological reason that I know of for giving that drug. Its employment is pure empiricism, and I am half ashamed of myself for resorting to it. But it is said to do good, and medicine is such a liberal science that it permits us to make use of any agent whatever which has proved, or seems likely to prove of service in the treatment of disease. We are not like the homœopaths, bound down by an exclusive system. At all events, I am now using this hypophosphorous acid, which has only recently been introduced into medicine, in quite a number of cases; but the time during which I have employed it is as yet entirely too short to allow me to arrive at any conclusion in regard to it.

Why this patient does not have the shooting pains in his legs, is certainly a mystery to me. According to the most approved views in regard to the physiology of the spinal cord, he ought by all means to have them; for the portion of the cord supposed to be affected here is just where the posterior roots of the spinal nerves, which are universally acknowledged to be sensory in their function, have their origin. We would naturally suppose that in any condition of the cord in which there is hardening and increase of the connective tissue, sufficient pressure would be exerted on these sensitive nerve-radicals to give rise to pains in the lower extremities; but nevertheless, as we have seen, this patient has up to the present time remained entirely free from them.

Syphilitic Paralysis.

This young man of twenty-eight tells me that he is paralyzed in his speech, and that when he was first taken, seventeen months ago, the paralysis affected the whole of the right side of his body. At present I find that he has considerable difficulty in articulation, and that there is an apparent weakness, not amounting to paralysis, of the left side of the face, which is best shown in the opening of his mouth. When he repeats a sentence like "Peter Piper," etc., it is necessary for him to concentrate his whole mind upon it, because the automatic movements of the lips have been lost to a considerable extent. He says that he sleeps well, and that his eyesight is now good; but that for a number of months he was troubled with double vision. You notice that in talking he uses one side of his face a great deal more than the other. He is able to walk well, whether his eyes are open or shut, and he has no trouble with his bladder.

The patient states that before the attack of paralysis, seventeen months ago, he suffered from well-marked constitutional syphilis, and I have but little doubt that there has been here a localized basilar meningitis, of syphilitic origin, with effusion of sufficient serum for the formation of a gummy tumor at the base of the brain. The explanation of the disordered vision is to be looked for in the consequent pressure upon the third pair, and of the paralysis of the right side in the pressure upon the left corpus striatum.

The treatment, the patient thinks, has been mainly by the iodide of potassium. The best manner of dealing with these cases, however, is by the plan of giving minute doses of the bichloride of mercury, and keeping up its administration for many months or years. For the introduction of this method we are mainly indebted to Dr. Edward L. Keyes, of this city. With the bichloride we can employ the iodide of potassium or not, according to circumstances; and here I prefer to make use of it alone.

When a man has once had cerebral syphilis, he is exceedingly apt to have another attack, and the physician should always put such a patient on his guard, and endeavor by appropriate treatment to ward it off. I remember a case which was sent to me three years ago, by Dr. Pallen, in which the man was aphasic, but in three weeks was able to speak quite well. He refused to be treated any longer, and about a year afterward had a second attack, in which there was both aphasia and paralysis. This time I employed the iodide of potassium in connection with the bichloride, and he got well again. He ought to have kept on taking the mercury all his life, but he gave it up when he got better, and in consequence he had two more attacks. I learn now that he is completely paralyzed, and is so idiotic that he has lost all conception of his own identity; so that there is not the slightest hope of his ever being any better. In the present case we will order one-forty-eighth of a grain of the bichloride three times a day, and ask the patient to return in three weeks, when we will endeavor to impress upon him the necessity of his taking the medicine all his life, and the danger he will incur by neglecting to do so. Given in this manner, there is not the slightest danger of mercury's producing salivation or any other unpleasant effect upon the system.

A Case of Universal Pulse.

This man, who has what is known as universal pulse, was here some time ago, and he says the trouble is no better now than it was before. I do not know exactly what this universal pulse is; but it seems, at all events, to be due to an excessively neurotic temperament. It is, indeed, possible for almost any one to get up an apparent pulse in any part of the body, as, for instance, the finger, by simply concentrating the attention closely upon it for about fifteen minutes; but in individuals like the present patient this pulse is experienced all over the body without any such conscious fixation of the mind upon the subject. As a general rule these cases can be perfectly cured by the bromide of zinc, but here it has hitherto altogether failed; the oxide of zinc has also

been tried, but with no better success. I propose next to return to the bromide of zinc, as I have never, as yet, met with a case of this kind which finally resisted that remedy; and I shall now combine it with the bromide of sodium. The bromide of zinc contains really very little bromine, and is chiefly efficient, I believe, on account of the zinc in it; but perhaps in this particular case the larger quantity of bromine in the sodium preparation may be of some service.

Epilepsy.

This elderly man applied for treatment here, on account of epilepsy, a little more than six months ago, and he tells me that until recently he has not had any fits at all. The medicine that was ordered for him was fifteen grains of bromide of potassium three times a day, and he says that he took it regularly for the first three months. He then began to feel weak in the legs, and for the next three months took only two doses a day, while at the end of that time he gave it up altogether. Instead of diminishing the quantity of the drug, after taking it for three months, he ought to have increased it. This "weakness of the legs" was just what we wanted, as it showed that his system was affected by the bromide; but in such cases, whenever some little unpleasant effect is noticed, the patients are very apt to stop taking the medicine ordered them. It is a fact, however, that the debility thus produced interfered somewhat with this man's daily labor. When he gave up the bromide the epileptic fits began to return, and I should advise, by all means, that he should go on taking the remedy for at least two years yet.

Probable Hystero-Epilepsy.

Our next patient is a German woman, who is unable to speak any English; but her husband informs me that she is subject to fits. When I ask him how many she has had, he says "four or five hundred," and in reply to my inquiry as to how long she has been thus troubled, he says that it is only within the last year and a quarter; which is certainly a very remarkable statement. He furthermore informs me that on some days these seizures are successively repeated for several hours, and that she retains her consciousness, but is, nevertheless, obliged to do "just what the fit tells her to." From this description I am very strongly inclined to suspect that this is a case of hystero-epilepsy; but I would not venture to give a positive opinion here until after the ovaries have been carefully examined. I will ask Prof. Pallen to be kind enough to make this examination for me, and if he should find that there is tenderness over one or both ovaries, there will no longer be any doubt in regard to its nature, and we may hope for very good results from a course of appropriate treatment.

Editorial Department.

Periscope.

On Pruritus Vulvæ and Diabetes.

Dr. Alfred Wiltshire, Lecturer on Midwifery and the Diseases of Women and Children, at St. Mary's Hospital, London, writes to the *Lancet*—

A few years ago I called attention to the frequent association of pruritus vulvæ with diabetes. As continued observation confirms and strengthens the statements then made, and as my observations have never been made known otherwise than as above stated in my lectures, I desire again very briefly to call attention to and emphasize the fact that pruritus vulvæ is often the only symptom of diabetes, and to point out the desirability of a systematic examination of the urine for sugar in suspicious cases.

Diabetes is only one among many affections with which pruritus vulvæ may be associated; but notwithstanding that it is mentioned in some books as a cause of vulvar itching, it is nowhere, that I am aware of, stated with adequate prominence.

Excepting itching, there may be no symptom whatever of diabetes—neither polyuria, loss of flesh, nor large appetite; and it is not, therefore, a matter for surprise that the underlying diabetic affection frequently remains unsuspected.

The observations of friends who have become acquainted with my views are confirmatory of them, and show that there is a more frequent connection between diabetes and pruritus vulvæ than is generally believed. Accordingly, it seems desirable that further attention should be directed to the fact, seeing the gravity of the more important affection. It is hoped that a wider diffusion of the knowledge may prove useful to many.

Though matter of high interest, I am not concerned at present to discuss the pathogeny of diabetes; but, regarding it from a purely clinical aspect, it is difficult to avoid the conclusion that there are at least two (if no more) forms of diabetes; or, to put it in another way, that sugar, or some allied body equally capable of reducing copper, on the test being applied in the usual way, may often be found in the urine of stout, florid (gouty) persons, as well

as in the lean, wasted people who are looked upon as classical types of the disease.

I have at present under my care at St. Mary's Hospital an excellent illustration of this fact. When the patient, a stout, florid, middle-aged woman, first came under my care some months ago, she was tormented with violent itching of the privates. Suspecting diabetes, I had the urine examined, and then, and ever since, it has contained an abundance of sugar. She rarely passes more than a normal amount of urine, looks as hearty as can be, and from the first application of the treatment—a borax lotion—has almost lost the itching. As the object of this short paper is merely to put others on the track of diabetes through the pruritic symptom, I will add no more, but await hopefully the statement of the experience of others.

The Cause of the Peculiar Odor of Diabetics.

A writer in the *Lancet* says:—

A peculiar odor has long been noted to be occasionally given off by the breath, the urine, and even the fæces of diabetics, and a similar odor has been noted many times in the body, after death. Thirty years ago the post-mortem odor was compared by Rother to vinegar, and the odor of the breath, by Brand, to the smell from persons who had recently inhaled chloroform, while Berndt compared it to that of beer. It was thought by Petters to resemble that of a mixture of chloroform and acetic ether or aldehyde, and was noted by him to be intense in all the tissues of the dead body. It was natural to regard this odor as the proof of the formation of a substance in the body, by some decomposition of the sugar circulating in the blood, and to associate it with the symptoms of cerebral depression. The character of the smell led Lerch, in 1853, to suggest that it was probably acetone, a volatile ethereal liquid allied to chloroform in its properties. Petters endeavored to test this opinion. By fractional distillation of the urine of a patient who had died of diabetic coma, he obtained a clear, highly refracting, inflammable liquid, having the boiling point of acetone, and giving the same reactions—neutral, browning with sulphuric acid, yielding a brown precipitate with caustic potash, and not reducing oxide of silver. From the blood the same substance was obtained in a similar manner. The observation has since been confirmed by several authorities. Acetone has ever been said by Kaulich to be a frequent product of the acetous fermentation, which may take place in the stomach of dyspeptics, and he believes that it may arise by fermentation from grape sugar. Anthron, indeed, obtained, by the fermentation of glucose, a liquid which Lerch pronounced to be acetone; and Kaulich argued that, although the ordinary vinous fermentation of glucose yields only alcohol and carbonic acid, yet since, under other circumstances, lactic and butyric acids may be obtained from it, it is conceivable that acetone may also be a product of its fermentation, because, by a decomposition, theoretically simple, grape sugar may break up into acetone, acetic acid, carbonic acid and water.

These opinions have been lately confirmed by Dr. B. Foster, who not only has found acetone in fresh diabetic urine, but has proved that acetone is capable of producing the post-mortem appearances found in diabetic coma, viz., a thick fluid state of the blood, which presents a milky opacity, due, apparently, to the destruction of the red blood corpuscles, and he has, he believes, prevented death in diabetic coma by the administration of agents which possess the power of arresting fermentation.

Hysterical Derangements of Vision.

In a recent lecture, quoted in the *Medical Press and Circular*, the eminent Professor Charcot, of Paris, pointed out derangement of vision considered by him as being very frequently met with in hysterical patients, and which, to his knowledge at least, has not yet been described.

It is known that various and strongly-marked hallucinations of vision are, so to speak, normal accompaniments of the delirium of hysterical patients. Now, hallucinations of this kind exhibit themselves very frequently in patients in the intervals between the convulsive attacks, in their track, or even at the time when the patient is menaced by them.

It is very common to see hysterical patients, in their periods of calm, seated tranquilly at needlework, get up, leave their seat, uttering a cry as if they had been surprised by the sight of some terrible object with which they wish to avoid all contact. If they are interrogated as to the motive of these unexpected movements, they declare that they believe they saw animals, particularly rats, sometimes cats, and at other times fantastic beasts, running on the floor, or on the neighboring wall; more rarely, it is the appearance of grimacing heads which causes this terror. One learns further that imaginary animals, generally gray or black in color, sometimes, but more rarely, brilliant red, are perceived by each patient, always on the same side; and the side on which the hallucination takes place is always that which corresponds to the hemi-anæsthesia, and consequently to the amblyopia.

Thus, if hemi-anæsthesia occur on the right side, it is always at the right of the patient that the imaginary animals appear; while if hemi-anæsthesia occur on the left, they appear at the left.

The animals pass usually in a line, and run rapidly, coming from behind the patient and moving forward. They generally disappear when the patient turns her eyes directly toward the side on which they appear. However, it may happen that the hallucination persists much longer in all its vigor when the patient is on the verge of a sharp nervous attack, in

the middle of the attack, or recovering from a fit.

M. Charcot has shown to his audience, and interrogated before them a certain number of women in whom is exhibited habitually, and in a very clearly-marked manner, this species of derangement of vision.

Dr. Schenkl (*Prager Med. Wochenschrift*, Nos. 18 and 19, 1877) says that the disorders of the uterus and ovaries which give rise to hysteria may cause, by reflex action, an increased irritability of the sensory nerves of the apparatus of accommodation. At first, after long exercise of the eyes, and subsequently after using them for a minute, pain is felt in and about the eyes; it differs from true neuralgia in having no typical course, and in being prevented by avoiding exertion of the eyes. Both eyes are generally affected, the right most so in forty-six cases out of sixty observed. Depressing affections and moisture, as well as the duration of menstruation, increase the severity of the pains; during pregnancy, they are less. Vision of distant objects is not impaired. The state of refraction has no influence on the development of the malady; the extent of accommodation is unchanged; the ophthalmoscope detects nothing abnormal. In some patients, photophobia, photopsia, *malaise*, vomiting, vertigo, and even convulsions, are met with. The course of the disorder is very tedious; it ceases with the commencement of the climacteric period. Married women are most frequently attacked; even robust, apparently blooming, women are not exempt. It very rarely occurs in anæmic, nervous men. The treatment consists in rest of the eyes, the use of moderately convex glasses, and, in cases of photopsia, smoke colored glasses. Castor, valerian, acetate of zinc, and atropine drops, are useless; in some cases, severe pain has been relieved by large doses of quinine.

On Hypertrophy of the Heart.

Dr. J. Milner Fothergill writes on this subject, in the *Medical Press and Circular*—

As to the question, Is hypertrophy ever harmful? It must be admitted that it carries with it certain consequences of its own. By maintaining the high blood-pressure in the arteries in chronic Bright's disease, it leads to atheroma of them; while in aortic regurgitation, the large and massive ventricle ruins the arteries by suddenly throwing an abnormal amount of blood into them with unwonted force. The hypertrophy which was of use to resist the new and potent distending force, in its turn was ruinous to the arteries.

As to the treatment of hypertrophy, the lecturer said, the great point was to conserve it as long as possible. Certainly nothing should be done to attempt to reduce it, except by doing away with the exciting cause, as where it is associated with gout. The great dangers were the reduction of the powers till the hypertrophy became blended with dilatation; and the ultimate fatty degeneration of the muscular fibrillæ. In hypertrophy of the heart, small doses of digitalis only were permissible, and large doses were fraught with danger. While, in simple dilatation, it was questionable if a patient could be poisoned by medicinal doses of digitalis. Where there was good hypertrophy, the patient might take a fair amount of exercise, or work for a living; but with dilatation, the powers were greatly crippled, and rest and good nutrition, with the exhibition of appropriate medicinal agents, were doubly necessary. By judicious treatment, many dilated hearts might be reduced in size; and even where reduction to the normal size was unattainable, it was possible to surround the dilated chamber with a hypertrophied wall. In all cases the aim of the medical man should be to aid the natural efforts to attain hypertrophy and to avoid dilatation.

The Parasitic Disorders of Children.

Dr. Sansom, physician to one of the London Children's Hospitals, at a meeting of the Medical Society of London, gave some notes of his experience. More than half the cases which came under treatment were those of disorder of the alimentary canal; and, taking 500 cases promiscuously, 145 (or 29 per cent.) were disorders due to the presence of intestinal worms. The general prevalence is, no doubt, much higher. The symptoms produced by the parasites are divisible into a large class of direct and a small class of reflex phenomena, and the diagnosis is made by the direct observance of the parasites in the dejecta or about the body. The chief intestinal parasites of children in this country are the ascaris lumbricoides and the oxyuris vermicularis; the ova of the former being introduced by contaminated drinking water, and those of the oxyuris by direct communication or by ingestion. An individual once affected becomes a constant source of self-contamination, for the ova are conveyed by the fingers from the neighborhood of the rectum to the mouth. Most of the symptoms produced by these parasites are the direct results of the irritation by themselves or their ova, so that not only do they produce the symptoms referred to in the rectum and intestines, but they cause unhealthy sores about the groins, whitlows and ulceration of the fingers, irritation of the nares, as well as many of the forms of impetigo. Stomatitis, hypertrophy of papillæ at root of tongue, pharyngitis and tonsillar ulceration could also be attributed to their direct irritation. The peculiar cough of vermiferous children was due to local irritation of the fauces. Reflex phenomena, as epilepsy, hemicrania, and chorea, were most common in the hosts of lumbrici. Santonine for lumbrici, aperients and enemata for ascarides, were indicated as the best line of treatment; a concurrent tonic treatment, and prophylaxis in the enforcement of absolute cleanliness, were insisted on.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——An instance of the value of the postural treatment of tympanites following ovariotomy, is given by Dr. Ed. W. Jenks, in a reprint from the *Journal of Obstetrics*.

——"Neuralgia and its Modern Therapeusis" is the title of a reprint by Dr. James B. Baird, of Atlanta, Ga. His therapeutic weapons are chiefly galvanization, and the hypodermic use of morphia.

—— Dr. Wm. A. Love, of Ga., has issued in reprint, from the Transactions of that State's Medical Society, an instructive article on the Soft Palate, its Value in Diagnosis as Compared with the Tongue, in Derangements of the Liver, Malarial Diseases and Exanthematous Fevers.

——On gynecological subjects American writers are numerous and able. We acknowledge, with thanks, the following reprints and pamphlets: On Amputations and Excisions of the Cervix Uteri, by Dr. J. Byrne; A Case of Vaginal Ovariotomy, by Dr. Wm. Goodell; The Hystero-Neuroses, by Dr. G. J. Engelman; The Obstetric Forceps, When and How to Use It, by the same; The Application of Pressure in Diseases of the Uterus, by Dr. V. H. Taliaferro; and The Functions of the So-called Anal Sphincters, by Dr. James R. Chadwick, of Boston.

BOOK NOTICES.

Transactions of the Medical Association of Georgia. pp. 279. Atlanta, 1878.

Transactions of the Mississippi State Medical Association. Vol. xi, pp. 164. Jackson, 1878.

Transactions of the Iowa State Medical Society. Vol. iii, pp. 126. Des Moines, 1878.

These three reports rank in value in the order given above. The physicians of the southernmost tier of States are evidently wide awake to the interests of the profession, and contribute a number of articles well worth perusal. Of those in the Georgia Transactions we may signalize the papers of Dr. Le Hardy on Yellow Fever, of Dr. Baird on Neuralgia, of Dr. Stout on Psoriasis, of Dr. Taliaferro on Pressure in Uterine Diseases, and of Dr. Love on the Soft Palate, as specially noteworthy.

The Mississippi volume contains original observations on the Use of Salicylic Acid, by Dr. Johnston; on Syphilis in the White and Negro Races, by Dr. Powell; on Croupous Pneumonia, by Dr. Holman; a careful Report on the Surgical History of the State, by Dr. W. W. Hall, and a large number of short articles.

In the Iowa Transactions Dr. Watson describes an epidemic of cerebro-spinal meningitis; Dr. W. D. Middleton discusses the pollution of drinking water; Dr. C. H. Rawson gives some cases of puerperal convulsions; and others report several cases of various diseases. Several of the papers, which we need not specify, betray too distinctly the cramming process which preceded their parturition; an error of judgment only too common at the present day, when the temptation to see oneself in print overcomes the prudence of having something worth hearing to say there.

Horseback Riding, from a Medical Point of View. By Ghislani Durant, M.D., Ph. D., etc. New York, Cassell, Petter & Galpin, 1878. Cloth, 8vo., pp. 137. Price $1.25.

The author gives, in this volume, a popular exposition of the hygienic advantages of exercise in general, and particularly of that kind to be had on the back of a horse. He is evidently an enthusiast on the subject, but most physicians will agree with him in the praises he gives to the benefits and pleasures to be derived from riding. His style is pleasant and his matter instructive. The last chapter, on the origin and progress of horse races, might as well have been omitted, as it is superficial and not germane to the topic.

Atlas of Skin Diseases. By Louis A. Duhring, M D., Part iv. Philadelphia, Lippincott & Co.

The fourth number of this excellent work contains plates and descriptive letter-press of cases of vitiligo, alopecia areata, tinea favosa and eczema rubrum. The chromo-lithographs display the same pathological fidelity and artistic superiority that characterized the earlier numbers, while the descriptions, based on the actual case represented by the engraving, and not the mere generalities usually found in works of the kind, give a realism to the form of disease under discussion which is very instructive. It comes the nearest actual clinical teaching of any method that could be thought of. For prices, etc., the reader can refer to notices of previous numbers.

THE

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D. G. BRINTON, M.D., EDITOR.

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THE ONENESS OF MENTAL AND PHYSICAL HEALTH.

The intimate connection between the physical man and his moral actions is often overlooked, and perhaps as often misunderstood where it is taken into consideration.

On the one hand we have schemes of education of the *cramming* kind, where every effort is made to fill the mind with facts and theories, with little or no regard to the body's wants. Children are made myopic, their brains over stimulated, their growth stunted, and their senses left untrained to perceive the glories and the teachings of the natural world around them; or, on the other, the cry is for muscular Christians, and base ball, rowing, running, turning somersaults, and boxing, take the place of desk work. Muscularity is indeed gained, but Christianity? The answer is ambiguous. There is just as much risk of overdoing the physical as the mental; and at present, among our college undergraduates, we should think a little more.

In the one condition, when over attention is given to physical culture, there is a development of the coarser, crueler, more brutal tendencies of the character; in the contrary one, of a sneaking, passive, essentially human viciousness.

A strong moral nature can only be secured when there is a symmetry in the culture of the powers, when the emotions are sufficiently awake and refined to respond readily to the finer excitants of beauty and sympathy; but not so on the alert, as to lead to any other action than that which the reason dictates.

It was the folly of the ascetic school which taught that the sensual part of man, his animal nature, should be sunk out of sight, stamped out, as it were, under the preponderance of his higher powers. Such a purpose cannot be achieved. Food and drink, in sufficient quantity and of good quality, and the moderate use of all his functions, are essential to the best workings of the faculties of intelligence.

Modern science illustrates, in ways which admit of no doubt, how dependent is the exercise of the abstractest faculties of the mind on the functions of the body. A curious instance is related by the Italian Professor Mosso, the inventor of the plethysphygmograph which bears his name.

On one occasion a classical scholar spoke somewhat contemptuously to Mosso of his plethysphygmograph, and Mosso replied that by it he could tell whether the scholar could read Greek as easily as he did Latin. The scholar was incredulous; but his arm was put into the apparatus, and a Latin book was handed to him to read. While perusing the book the curve sank very slightly. The Latin book was then taken away, and a Greek one given to him instead. The curve immediately became much deeper, showing that more blood had gone to the brain in order to maintain the greater mental exertion required for the reading of the Greek, and disproving the scholar's statement that he could read the one as easily as the other.

"A sick man," said Dr. Johnson, "is a scoundrel;" and he was right; for unless a healthy brain is present to guide the judgment, we cannot expect a true and sound opinion, nor a correct action as its sequent.

Notes and Comments.

Therapeutical Notes.

BENZOATE OF SODA IN INFECTIOUS FEVER.

Professor Klebs, of Prague, "prefers this salt to quinine or the salicylates, in all fevers of an infectious nature. The pyrexia does not cease so rapidly, but more permanently than with the agents just mentioned, and the drug leaves no bad effects." His usual dose was ten to fifteen grammes a day.

JABORANDI IN BRIGHT'S DISEASE AND ŒDEMA.

In a report from Bellevue Hospital, in the New York *Medical Journal*, it is stated that a woman, aged thirty, entered the hospital suffering from acute nephritis, with general œdema and symptoms of uræmic poisoning. The value of the remedy was very decided. Within three days the dropsy had in great part disappeared. In cases of œdema of the lungs decided benefit resulted from the use of the drug, and a sufficient number of cases were under observation to test its value.

CREASOTE IN PHTHISIS.

This is recommended "anew" by Dr. Hugues, of Paris, in a thesis. He tried it with good effect in twenty-seven cases, in the following formula:—

℞.	Creasote,	3.50 Gr.	
	Alcohol,	125.	
	Water,	125.	M.

Sig.—Of this, a dessertspoonful twice daily.

The creasote must be pure and of wood-tar, not the impure stuff usually found in the shops.

ACACIA IN CRACKED NIPPLE.

A simple means, recommended by an Italian physician, for the relief of cracked nipple, is to powder it repeatedly with pulverized gum-arabic. Immediately after the child has sucked it should be thoroughly dusted over the surface, and the nipple protected from the air.

Increase of Local Temperature in Pleurisy.

The Paris Academy lately received from Prof. Peter a report on this subject. He states that in pleurisy the parietal temperature is always higher than the average parietal temperature, which is 35.8 C. (96° F.) The local increase is from half a degree to 2° C. higher, and may even rise still more. The elevation increases with the effusion, and decreases during the stationary period of the effusion, but in general the parietal temperature of the affected side is from .5° to 1.5° C. higher than the opposite side. The local temperature gradually falls when the effusion undergoes spontaneous absorption, but remains several tenths of a degree higher than that of the normal side. This persistence of the local elevation explains the possibility of a relapse. In cases of pleurisy without effusion the local rise is less than in cases with effusion, and the return of the normal temperature is more rapid. The degree of elevation of the local temperature is greater than that of the axillary temperature, and the local precedes the axillary rise—a fact which demonstrates the influence of the local process on the general temperature. When the effusion is removed by paracentesis, a sudden local rise of temperature occurs, which is explained by

M. Peter as due to the sudden hyperæmia of the vessels from which the preceding pressure has been withdrawn.

Can Syphilis be Produced from Heifer Vaccination.

The London *Lancet* contains several editorial articles on this question, endeavoring to maintain the affirmative, in a very confused and lame manner, and not offering a single fact in evidence. Our esteemed correspondent, Dr. Warlomont, of Brussels, chief of the State Vaccine Department of Belgium, has been appealed to, and writes as follows:—

"Brussels, 7th July, 1878.—This is my answer, in reply to yours of yesterday. 1. If one inoculate syphilis to a calf, the latter does not take it; the virus dies on the spot. 2. If one inoculate syphilitic vaccine to a calf, the syphilis remains outside, and only vaccine develops itself. The latter is certainly free from any trace of syphilis. 3. Heifer vaccine, whatever be its source, can never, therefore, give syphilis, in virtue of the saying—

'La plus jolie fille du monde,
Ne peut donner que ce qu'elle a.'

That does not mean that vaccination in its performance cannot transmit syphilis when the calf is the agent. When one vaccinates at the same time several children, the lancet may, if that instrument be used, bring to the pustule some contaminated blood, which will then be transmitted to another. To avoid this, care only is wanted."

Cure of Hydrophobia.

Dr. Nichols reports, in the *Lancet*, June 15th, the cure of a case of hydrophobia, principally by Calabar bean. When the doctor saw the patient his countenance was livid, jaws clenched, cold perspiration on brow, pulse low, and respiration slow and labored. He was uttering a peculiar noise, suddenly became sick, and consciousness returned, but he soon relapsed; chloroform was administered, which quieted him, and its action maintained almost throughout the day, spasms and opisthotonos of a very marked character frequently recurring. At night it was agreed to try a hypodermic injection of Calabar bean and morphia. Accordingly, twenty minims of Corbyn's solution of the latter (1 gr. ad. minims 6), and one-third of the extract of Calabar bean, in solution, were injected. During the night he slept several times, but on his awakening the convulsions invariably recommenced, and the attendants at once administered chloroform until again quieted. On the 12th there were subdued tetanic convulsions of all the muscles, and the same injections were repeated three times during the day. He swallowed small quantities of food. After this his recovery was slow but steady.

Origin of Uræmic Convulsions.

The *Gazette Medicale*, of April, gives the researches of Drs. Feltz and Ritter on this subject. They conclude as follows: Pure urea, artificial or normal, injected in very full doses into the venous system, never causes convulsive symptoms; it is rapidly eliminated by the secretions. Normal blood does not contain any ferment which could change urea into ammoniacal salts; rapidity of the elimination cannot be cited as a cause of this non-conversion, since by suppressing the renal secretion the elimination of urea may be retarded without hastening the supervention of the eclampsia. The ureas which, in large doses, cause convulsions are always impure ureas, containing ammoniacal salts, the presence of which can always be detected by Nessler's test.

The Dietetic Value of Light Wines.

An excellent authority, Surgeon General C. A. Gordon, of the British army, testifies strongly to the value of light wines as supplementary to insufficient food. He says, in a recent letter:—

"During the siege of Paris, not only did I, while on short food rations, experience a desire for red wine, but I felt while using it that, in a measure, it actually supplied to me the requirements of food. When the siege began and food was not very scarce, I used to take half a litre of Chablis. This I at first liked very much, but as food became scarce I found the allowance intoxicating to some degree. I then abandoned it, to drink the common *vin ordinaire*, which I enjoyed, and felt the benefit of, as I say, my allowance of it being very often nearer a litre than half a litre. In my work on 'Army Hygiene,' I give my views on the subject generally. What I think is very important is the absence of 'famine fever' in Paris during the siege. This was at the time, by the French medical men with whom I conversed on the subject, considered due, in a considerable degree at least, to the fact that all the population had a quarter of a litre of red wine daily."

Therapeutic Value of Nitrate of Lead.

The late Dr. Madison Marsh, of La., a few years ago urged upon the profession, through the columns of this journal, the very great value of nitrate of lead in many skin affections and superficial erosions. Some recent observations of an Italian physician, Dr. Galletti, add further evidence on this point. This writer states that he has recently effected a cure in three cases of epithelioma, in one of which the part affected was the nose, in a second the cheek, and in the third the sternum. The mode in which he applied the remedy was by dusting the powder over the affected part, and recovery took place when this had been done about four times. Two obstinate ulcers of the foot, which had proved rebellious to other methods, quickly recovered under the same treatment. Dr. Vanzetti has recently recommended the use of the nitrate of lead in onychia maligna.

Inflammations of the Naso-pharynx.

In a most troublesome class of affections—viz., subacute and chronic catarrhal inflammations of the naso-pharynx, Mr. Lennox Browne commends iodoform as superior to all other topical agents, which too often only aggravate the disease. It may be applied in two ways—as an ethereal solution (1 part to 10 or 12 of common ether) with a brush, or a piece of sponge or cotton wool in a suitable holder; or, mixed with vaselin (5 or 8 grs. to ℥j), and applied with a small brush far up each nostril. Mr. Browne took the suggestion to use this remedy from Dr. R. C. Brandeis, of Louisville, who was first led to employ it from observation of its good effects in catarrhal affections of a somewhat analogous nature in the vagina and uterus.

Skin Grafting in the Colored Races.

A French naval surgeon, Dr. Maurel, stated at a scientific meeting in Paris, that during a two years' residence at Guiana, he had made numerous experiments on epidermic transplantation, placing the graft on persons of different race and color. He found that not only did the graft take well, whatever description of trans plantation was made—whether transported from the skin of a black to that of a white, or the reverse—but that there always remained a whitish line at the point of junction, wherein pigmentation was not produced. The pigment disappeared when a graft was transplanted from a black to a white person; but when the two individuals were highly colored, the graft remained black, except at the point of cicatrization.

Correspondence.

Unusual Effect of Bee Stings.

Ed. Med. and Surg. Reporter:—

Early one morning this month, W. W., aged thirty-six years, a strong and hearty man, an employé of the Hospital for the Insane, while engaged in robbing the habitation of a swarm of honey bees, after felling the tree in which it was located, received from three to five stings upon the face and neck, and becoming alarmed at the effects, called upon his companions for assistance, but they, believing that he wanted to decoy them into combat with the bees, merely laughed at his repeated and importunate appeals, when he was observed to fall to the ground. On approaching him he was found to be in a heavy and unconscious condition, and it was with much difficulty that they succeeded in getting him to the hospital, a distance of about one-third of a mile, when I was hastily summoned to see him. There was considerable turgescence of the face and neck, the pulse was slow and full, the conjunctivæ were injected; the patient could be aroused only by a loud voice, and, in short, he presented many of the characteristics of congestion of the brain.

I divided the following mixture into three doses, and administered them to him at intervals of twenty minutes:—

℞ Spiritus ammoniæ aromatici, fl.℥ij
Spiritus frumenti, fl.℥ij. M.

After the third dose he was able to walk about, and with the exception of a degree of muscular soreness, the bad effects disappeared without further interference. As a local application, I made use of aqua ammonia.

Thinking that a brief history of the case might prove of interest to the profession, the younger members at least, is my apology for addressing you upon the subject.

A. H. Kunst, M.D.

Weston, W. Va., July, 1878.

Treatment of Mammary Abscess.

Ed. Med. and Surg. Reporter:—

I deem it a duty to give to the profession a successful (but simple) treatment for threatened mammary abscess, since the employment of which, about a decade ago, *I have not lanced a single breast.* Before that time I was continually cutting and slashing. About ten years ago my wife, a few days after confinement, was threatened with abscess, the breast being inflamed, indurated and extremely painful. Camphor, and most other remedies recommended by authors, were used, but suppuration seemed

unavoidable. Concluding that chloroform *ought* to give relief, I went to my office and put up a combination of chloroform and glycerin, equal parts. In ten minutes after the first application she was relieved, and in six hours, with as many applications, the pain, tenderness and induration were entirely gone. Since then it is my *only* remedy, and in no case have I failed to prevent suppuration. It should be thoroughly shaken (as the two articles are of unequal weight), quickly applied, and the part covered with oiled silk, or something equally impermeable, to prevent too rapid evaporation. I request your readers to give it a trial and report results. So confident am I, after ten years' trial, that I consider a "gathered breast" as evidence of professional neglect. Those of my brethren to whom I have communicated the remedy and its results report unvarying success.

S. W. Gould, M.D.

Argos, Ind., July, 1878.

News and Miscellany.

On Epidemic Diseases.

It is a bad custom that prevails in this country, for Boards of Health and similar bodies to conceal the extent and existence of prevailing epidemics. The excuse is that the people are uselessly alarmed, and especially that *business is injured.* No more frivolous and unworthy excuses could be advanced for the persistent lying that medical men and health officers stoop to.

A praiseworthy action has been inaugurated by the Surgeon General of the United States Marine Hospital Service, in distributing weekly an abstract of the Sanitary Reports from all important stations. The following is a specimen of the one received August 3:—

No. 4.

Office Surgeon-General,
U. S. Marine Hospital Service,
Washington August 3, 1878.

Abstract of Sanitary Reports received during the week ended August 3d, 1878, under the National Quarantine Act:—

New Orleans.—Since report last week, 158 cases *yellow fever* and 36 deaths have occurred, making in all 195 cases and 53 deaths to yesterday evening. There are now four principal points of infection, and these spreading, but the Board of Health hope to control it.

One passenger landed Monday at Vicksburg has since died of *yellow fever;* on Tuesday one case taken from hotel to hospital at Cincinnati with same disease—both from New Orleans en route for North.

Key West.—No new cases *yellow fever* four days, to yesterday noon. No cases in port; two at Marine Hospital convalescent.

Quarantine Stations.—Many vessels arriving at quarantine stations on Atlantic, from Cuba, bring cases of *yellow fever*—a common yearly experience.

Havana.—129 deaths from *yellow fever* and 13 from small-pox, week ended July 20th.

Matanzas.—No abatement of *yellow fever* or ratio of deaths, week ended July 26th.

Calcutta.—14 deaths from *cholera*, week ended June 1st.

Bombay.—33 deaths from *cholera* during two weeks, ended June 11th.

Constantinople.—Bulk of Russian army encamped on unhealthy low lands has removed to healthier camping grounds, and most of the refugees in city have gone to Asia Minor and Syria, about 80,000 remaining, since which the *typhus, small-pox, measles, scarlet* and *enteric fevers;* which prevailed so extensively near close of war and since cessation of hostilities, have greatly diminished. (July 12th).

The *epizoötic* prevails extensively among the cattle of Asiatic and European Turkey.

Reports from other places indicate good health. Jno. M. Woodworth,

Surgeon General, U. S. Marine Hospital Service.

The Metric System.

The well-directed efforts to introduce the metric system in pharmacy are bearing fruit. The United States Marine Hospital Service has adopted it, and the Chicago *Medical Journal and Examiner* announces that it will hereafter print all formulæ in that manner.

While, for reasons heretofore stated, this change will not be made at present by the Reporter, correspondents who write their formulæ by this method will have them printed to correspond.

Organization of a Medico-Legal Society.

A number of Massachusetts physicians have organized the Massachusetts Medico-Legal Society. The President, Dr. Alfred Hosmer, defines its objects in the Constitution, as follows:—

"Its purposes shall be to elevate the official character of the medical examiner, and to assist him in the discharge of his duties; to collect and utilize such facts as have a medico-legal value; and to excite a general interest in the subject of forensic medicine, and to promote its successful cultivation."

Homœopathic Examinations in the University of Michigan.

The following announcement is made by the Dean of the Medical Department of the University of Michigan:—

"At a meeting of the Board of Regents, held June 25th, 1878, a recommendation made by the Committee on the Medical Department was adopted. Said recommendation provides for the appointment, annually, by the Board, of two homœopathic physicians of the State, who, jointly with the Faculty of the Homœopathic

College, shall 'have sole charge of the examinations in said Homœopathic College.'

"From this it will be seen that none of the Professors of the Faculty of the Department of Medicine and Surgery are any longer required to examine any student of the Homœopathic College, or to make any statement, or to afford any evidence of any kind to be used toward their graduation in homœopathy, or for any other purpose, or to take cognizance, in any way, of students in exclusive or sectarian medicine."

Personal.

—In the death of Prof. Charles Henri Ehrmann, of Strasburg, at the advanced age of 86, the profession loses the Nestor of laryngologists. He was author of a classic on polypi of the larynx.

—Dr. Marion Sims describes, in the *British Medical Journal*, June 8th, an operation of exsection of the gall bladder. The patient was a married woman of 22 years. She died shortly after the operation.

Grave Jokes.

The occasion of the discovery of the bodies of respectable citizens in the dissecting rooms of the Ann Arbor School and Ohio Medical College, has considerably enlivened the medical press of the last month or two, and has shown that the editors thereof would not mind a cent the penance Rosaline laid on "my lord Biron" "to jest a twelvemonth in an hospital."

The Louisville *Medical News* suggests that the next exploring expedition which goes out to find the long-lost Sir John Franklin send a boat ashore and try the vats at Ann Arbor.

The St. Louis *Clinical Record* writes: "One thing is certain: the colleges are bound to have dissecting material, and if the State does not provide for a proper supply, the 'resurrectionist' will always stand ready to fill the demand from the graves of 'our first citizens.' We do not know of any aristocracy in this country whose bodies should be exempt from being made the means of instruction."

The Michigan *Medical News* puts in: "Joseph Cook asks, in one of his lectures, 'Does death end all?' Recent doings of the resurrectionists cause us to defer an attack on this conundrum for the present."

While another contemporary gets off the following: "It seems that a fellow will hereafter have to go to his everlasting rest with a torpedo for his pillow. It is an Ohio invention, intended to catch Mr. Bodysnatcher."

—Dr. Bucknill, in a recent letter to the London *Times*, adheres to his expressed judgment on the working of inebriate asylums in the United States, which, on the whole, he has pronounced to be a practical failure.

QUERIES AND REPLIES.

Dr. D. G. F., of Tenn.—The formula of Dr. Fritzinger, referred to (REPORTER, vol. xxxi, p. 363), is—

R.	Potassii chloratis,	drachm j
	Spts. æth nitrosi,	ounce ss
	Tinct. guaiaci,	fl. ounce iss.

Ft. Sol.
SIG.—A teaspoonful every three hours, in sweetened water.

Alpha.—Quinone has nothing to do with quinine; the similarity of the name has deceived you.

Podagra.—There is no appreciable quantity of lithia in any natural water in this county, as yet analyzed.

MARRIAGES.

GUERNSEY—MORGAN.—On the 18th ultimo, in Philadelphia, at the residence of the bride's parents, by the Rev. D. S. Miller, D.D., rector of St. Mark's Church, Dr. William Jefferson Guernsey and Miss Marian M. Morgan, of this city.

RADCLYFFE-HALL—DIEHL.—On July 2d, 1878, at St. Andrew's Church, Southport, England, by Rev. Walter Begley, assisted by Rev. P. M. Herford, Radclyffe Radclyffe-Hall, only son of C. Radclyffe-Hall, Esq., M.D., F.R.C.S., of Torquay, England, and Mary I. Sager, only daughter of the late Edwin A. Diehl, of Philadelphia.

HEIN—SHEPARD.—In Brooklyn, on Thursday, August 1st, 1878, by the Rev. C. N. Simms, D.D., Dr. Max F. Hein and Annie E. Shepard, all of Brooklyn.

SHEW—BRADLEY.—At Auburn, N. Y., on June 12th, by Rev. Herrick Johnson, D.D., Dr. A. Marvin Shew, Superintendent of the Connecticut Hospital for Insane, at Middletown, and Clara L., daughter of S. L. Bradley, Esq.

SMITH—WILLIAMS.—On the 20th ult., in Philadelphia, at the residence of the bride's parents, by the Rev. E. L. Magoon, D.D, Mr. Guyon M. Smith and Miss Ida J., eldest daughter of Dr. Alfred Williams, all of this city.

DEATHS.

BAKER.—In Claremont, Vt., June 30th, Edgar H.; July 3d, Eugene C., twin children of Dr. Cyrus E. and Elizabeth Ann Baker, aged 1 year.

BEALES.—In New York, on July 25th, John Charles Beales, M.D., aged 75 years.

CRAIGE.—Suddenly, in Philadelphia, on the 31st ult., Amanda, wife of Dr. T. W. Craige.

EDGAR.—At Green Ridge, Staten Island, on Wednesday, July 31st, 1878, Dr. David A. Edgar, aged 73 years.

HOLMES.—At Allentown, N. J., on June 25th, 1878, James Holmes, M.D., aged 30 years.

HOUSTON.—In this city, on the 19th ultimo, Dr. John Houston, aged 48 years.

HUNT.—On the 28th ult., at Otego, N. Y., Dwight Birdsall, infant son of Dr. D. B. and Fannie H. Hunt, aged 6 months.

MADDEN.—Suddenly, at Sing Sing, N. Y., on Saturday, July 27th, Alice De Forest, wife of Joel D. Madden, M.D.

MCKINLEY.—Suddenly, at Chicago, Illinois, on Wednesday, July 10th, Dr. J. E. McKinley, scientist and philanthropist, late of Germantown, near Philadelphia.

RADCLIFFE.—On Friday, July 5th, at the Clifton House, Marblehead, Mass., Grace, infant daughter of Dr. Frank L. and Sadie T. Radcliffe, aged 3 months and 5 days.

ROBINSON.—On April 29th, 1878, in Montgomery county, Kansas, Catherine H., wife of Dr. W. M. Robinson, in the 47th year of her age.

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4th, It meets indications not met by that Salt.

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CONTENTS:

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

Schuyler, C. C.—Tracheotomy for Syphilitic Disease of the Larynx 133
Hengst, D. A.—Puerperal Insanity 134
Nowlin, J. H.—Is Dentition One of the Causes of Cholera Infantum? If So, in What Way? 137
Pollock, C.—A Case of Preputial Irritation 139
O Reilly, J. H.—Psychology and Hygiene, in the Treatment of Disorders Arising from Prolonged Mental Depression, etc. 140
Sozinskey, T. S.—On the Handling and Use of the Meat of Diseased Animals 141

HOSPITAL REPORTS.

Pennsylvania Hospital.—Notes of Some Cases Under the Care of Dr. R. J. Levis.—Palmar Abscess; Application of the Benzole Cautery for the Relief of Pain Following an Obscure Injury to the Back; Transverse Fracture of the Patella Treated by a Modification of Malgaigne's Hooks 142

EDITORIAL DEPARTMENT.

PERISCOPE.

Anæsthetics in Childbirth 144
Congenital Absence of the Kidney 144
Phthisis in the Lower Animals 145
On the Treatment of Catalepsy 145
Hebra's Local Treatment of Lupus 145
Ununited Fracture of the Tibia 146
The Minute Pathology of Measles 146
Treatment of Amenorrhœa 146
Carbolic Acid in Hepatic Abscess 146

REVIEWS AND BOOK NOTICES.

Notes on Current Medical Literature 147

BOOK NOTICES.

Etudes sur les Invaginations Intestinales Chroniques (Rafinesque) 147
Visions: A Study of False Sight [Pseudopia] (Clarke) 147
On the Therapeutic Forces; an Effort to Consider the Action of Medicines in the Light of the Modern Doctrine of the Conservation of Force (Mays) 148
Anatomy, Descriptive and Surgical (Gray) 148

EDITORIAL.

Is It Best to Eat Little or Much? 149

NOTES AND COMMENTS

Therapeutical Notes.—Borax in Clergyman's Sore Throat; Water Injections in Chronic Diarrhœa; The Viburnum Prunifolium in Diseases of Women; The Oxyuris Vermicularis 150
The Health Lift as a Means of Exercise 150
Instances of Deficient Renal Elimination 150
The Use of Thymol 151
The Specific Gravity of Brains 151
Fever as Curative of Insanity 151
Hydrate of Chloral in Diphtheria 151
The Climate of Northern Georgia 151
Large Consumption of Opium 151
On Bromide of Potassium 151

CORRESPONDENCE

Position in Forceps Delivery, and Venesection in Eclampsia (Compton) 152
Electro-Therapeutics (Heming) 152

NEWS AND MISCELLANY.

American Dermatological Association 153
The American Laryngological Association 153
The Yellow Fever 153
Leprosy in California 153
New Pharmaceuticals—Unguentum Petrolei; Lactopeptine 153
Effects of the Heat in the Nevada Mines 153
Frequency of Goitre in Maryland 154
Personal 154
A Wise Charity 154
Items 154
Queries and Replies 154
Marriages and Deaths 154

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THE

MEDICAL AND SURGICAL REPORTER.

No. 1120.] PHILADELPHIA, AUGUST 17, 1878. [Vol. XXXIX.—No. 7.

Original Department.

Communications.

TRACHEOTOMY FOR SYPHILITIC DISEASE OF THE LARYNX.

BY C. C. SCHUYLER, M.D.,
Assistant Surgeon, Troy Hospital, New York.

March 15th, 1877, I was called in great haste to the Troy House, to see, it was said, "a man choking to death." I found a gentleman sitting upon a sofa, supported on either side by his friends, in a condition most distressing. His face was livid and bore an anxious expression; the breathing was stridulous, and at intervals of half a minute he would gasp for breath. The skin was bathed in a profuse cold perspiration; pulse quick and thready. A hasty examination made with my finger led me to believe that I had to deal with a case of œdema of the larynx, accompanied with spasm of the glottis. Inhalation of vapor of boiling water, to which was added a little chloroform—was immediately commenced; the patient was soon relieved of the spasm, and in the course of an hour was quite out of immediate danger. He was then able to tell me that it was the first attack of the kind that he had had; that he was suddenly taken upon the street, while facing a strong wind, and had been suffering about ten minutes when I came to his relief. He was then under treatment for a throat difficulty. He wished me to attend him, but I refused, and advised him to go to his home and send for his physician at once.

He came under my care about ten days after, he having assured me that he was not at the time "doctoring under any one." I elicited the following history. Age thirty-three; had an infecting chancre in 1870, followed soon after by many severe attacks of sore throat. Treatment brought relief, and he was apparently free from disease for three years, when the throat trouble again made its appearance. From this attack he now fully recovered, improvement in his condition being almost immediately followed by a relapse and augmentation of the disease. He was compelled to give up business; his voice left him and with it his strength, the slightest effort resulting in extreme fatigue and dyspnœa. He was unable to taste or smell; could only swallow soft solids, and even such food with difficulty. For three months he had been unable to assume a recumbent position; "his very existence being a perpetual misery." Such was the history given when he came to me for treatment. It was then that a laryngoscopic examination revealed the following condition of things. Destruction of the velum palati almost complete; cicatricial adhesion of the posterior wall of the pharynx to the remains of the velum, cutting off all communication between the bucco-pharyngeal and nasal cavities; distortion of epiglottis, with ulceration of its lingual surface; thickening and superficial ulceration of the ventricular bands and arytenoid cartilages; partial destruction of right vocal cord, near the posterior commissure, with ulceration and thickening of left; the whole larynx somewhat œdematous. Deep inspiration had apparently little effect upon the thickened and incrustated vocal cords—the space between them, during the effort, being not more than a line in width, and three or four in length. The adduction of the vocal

cords during phonation was scarcely appreciable, the parts remaining in about the same relation.

Treatment was at once commenced, both local and constitutional. Solution of acid of nitrate of mercury and spray of solution of bichloride of mercury were applied directly to the parts, with iodide of potassium and mercury internally. This treatment, with little variation, was assiduously carried out for two weeks, there being, meanwhile, no improvement in his condition. He was told that probably nothing short of an operation (tracheotomy) would save his life; that he was in constant danger; the slightest exposure might bring on an attack of œdema and spasm, and end life before aid could reach him. To this he would not consent until his breathing (which was stertorous, and could be heard at a great distance) became more and more labored, and he felt that his end was near at hand.

April 19th. With the assistance of Dr. Nichols, and in the presence of Drs. McLean, Shiland, Sabin and Van Vranken, I did tracheotomy. Fearing that the disease might have extended into the trachea, the opening was made below the thyroid isthmus, and a silver tracheotomy tube introduced. Upon opening the trachea the dyspnœa was extreme, but he soon became tranquil, and slept comfortably, in a recumbent position, at intervals, during the night. On the third day he was sitting up, and one week from day of operation was exercising in open air. His improvement from this time was most satisfactory; he gradually lost the sallow, unhealthy hue of skin, and gained flesh rapidly. Topical applications to the throat were discontinued, but the ulceration did not extend, and gradually assumed a healthier appearance, and in one month's time there was no manifestation of the disease. The tube was left in until the latter part of July, he refusing to have it removed until that time, fearing that the disease might return. It was kept closed, however, after June 1st, and respiration carried on through the natural channel.

As to the advisability of performing tracheotomy in syphilitic diseases of the larynx, Dr. McDowell, in a paper on the subject,* says that it often becomes a question of life and death, and that no class of cases are calculated to cause more anxiety to the surgeon, and in certain instances to require more vigilant treatment. He has met with two instances of death from laryngeal spasm caused by destructive syphilitic ulceration of the larynx. Bryant says* that when ulceration has commenced and seems to be unaffected by general treatment, the subject of tracheotomy claims serious consideration, for unless the organ of voice and respiration can be kept quiet, repair will not go on, and as long as progressive ulceration does exist, a sudden spasm of the larynx is imminent, and also the life of the patient.

The operation should, however, only be undertaken when the disease is steadily progressing in spite of treatment, and it is clear that the larynx will be destroyed, as a vocal as well as a respiratory organ, unless some steps be taken to stop its progress, and of these steps there are none equal to tracheotomy; for all surgeons are familiar with the fact that, even under the most extreme conditions of disease, repair goes on in the larynx directly the tube has been introduced and physiological rest is given to the organ. Hilton,† referring to the same subject, says that the cure is not effected by opening the larynx, but by giving the larynx rest. In performance of tracheotomy for diseases of the larynx, the surgeon never touches the disease at all; he merely enables the patient to breathe through the tracheal tube, and diverts the stream of air away from the larynx, thus giving the larynx the opportunity of recovering itself.

I saw my patient during the present month, and he tells me he is enjoying good health; to the truthfulness of which assertion his appearance certainly bears witness.

* *Med. Press and Circular* March 28, 1877.

* Bryant's Surgery, p. 640.

† Lectures on Rest and Pain, p. 55.

PUERPERAL INSANITY.

Read before the East End, Pittsburgh, Pa., Medical Club.

BY D. A. HENGST, M.D.,
Of Pittsburgh, Pa.

One of the most interesting, as well as one of the most distressing, forms of insanity, is that which may arise during the course of gestation, and during or after parturition. It is *interesting* because of the many peculiar ideas, actions, and the manner it presents itself; *distressing* because it occurs when, most of all, the mother is needed in her family. The form

it assumes is usually mania, though melancholia, and subsequently dementia, are frequently seen. When we take into consideration the close connection between the uterus and the brain, through the sympathetic system of nerves, it is not surprising, especially in women where the nervous temperament predominates, and where there is any hereditary predisposition, that after having passed through an exhausting pregnancy, which may have ended in a serious and protracted parturition, the mental faculties should give way.

Goochin, in his admirable work on the more important diseases of women, states that "the sexual system in women is a set of organs which are in action during half the natural life of the individual, and even during this half they are in action only at intervals. During these intervals of action they diffuse an unusual amount of excitement through the nervous system. Witness the hysterical affections of puberty, and the nervous susceptibility which occurs during every menstrual period."

All of you are familiar with the intense headaches and various other cerebral manifestations of reflex irritation caused by an ordinary inflammation of the os and cervix uteri, which itself, if long continued, often acts as a cause of insanity. We believe that in nine cases out of ten of the ordinary forms of insanity among women, occurring between puberty and the climacteric, the cause is disease of the uterus or its appendages. Then why should not nine months of mental agitation (so common among primiparæ, and we may here state these are most liable to attacks of this form), combined with the nervous shock of a severe and protracted parturition, often end in insanity? It is one of the most frequent forms of insanity. Of 1490 females admitted into Dumont Asylum during the past twenty-one years, 169, or about 12 per cent., were of this form. Of 1742 females admitted into the State Asylum at Harrisburg 113 were cases of puerperal insanity; and of 207 females admitted into the State Asylum at Utica, N. Y., during 1875, 21 were considered puerperal. Esquirol states that of 600 women admitted into La Salpétrière 52 were of this form. Thus it will be seen that an average of about 9 per cent. of all females admitted into the institutions just named are cases of puerperal insanity. Dr. Tuke, of the Edinburgh Royal Asylum, classified his patients according to the time of the appearance of the insanity, thus: of 155 cases he examined, he describes 28, or 18 per cent., as insanity of pregnancy; 73, or 47 per cent., as puerperal insanity, and 54, or 35 per cent., as insanity of lactation. These, we think, may, however, all be classified under the one head of puerperal. It may manifest itself immediately after delivery, or four or five days later, when the secretion of milk is about being established; to this another might be added about the second or third week, when, through the influence of cold, the lacteal secretion is suddenly checked. Of Esquirol's cases 16 became delirious from the first to the fourth day, 21 from the first to the fifteenth, and 17 from the sixteenth to the sixtieth day. This would indicate the period from the first to the sixteenth day as the most susceptible. The *symptoms* are so many and various that only the most important can here be given. They may consist of only a slight confusion of mind, continuing during a few days, to the most violent excitement, extending through many months.

Among the earlier symptoms are great exhaustion, headache, persistent insomnia, great excitability, irritability, and increase of bodily temperature. These symptoms may continue for several days, when suddenly the patient will become violent and boisterous, talking incoherently, and destructive of all things within her reach. In this form of insanity the homicidal tendency shows itself more fully than in any other form, and very often the patient will, unless carefully watched, destroy her offspring. When the insanity assumes the form of melancholia the tendency to suicide is more fully manifested.

Of all the various classes of patients, those of the maniacal form are the most profane, noisy, and most difficult to control. They become suspicious of their husbands and friends, and here, as well as in mostly all other forms of insanity, loved ones are hated with the greatest intensity. If all these symptoms are long continued the tongue will become warm and dry, sordes collect about the teeth, the secretions and excretions are in abeyance, the lochia checked, the pulse becomes weak and feeble, and the case assumes a typhoid condition.

In cases of melancholia the patient is entirely passive, her delusions and hallucinations are all sad and distressing, either of some great, unpardonable sin committed, some duty

unperformed, or some injury inflicted on others, the exaggeration of some slight action, trifling thought, or hasty expression, into a fearful offence against her fellow-beings; the apprehension of great torture or punishment inflicted upon the person herself, or her family, with constant self accusation, avoiding the society of others, and brooding in seclusion over the condition into which she imagines these things to have brought her; with this distress of mind is almost always associated a depressed state of all the physical powers, loss of appetite, great inability to sleep, and sluggishness of all the different functions of the body; and can you imagine more distress than these mental and physical symptoms combined?

As to the pathology of this form of insanity we have not time to enter into details; as the cause is one of a reflex nature there are seldom important organic changes in the brain, but if the disease continues of long duration, permanent organic changes will occur in this as well as in all other forms of insanity. In the maniacal cases there is usually a congested condition of the membranes of the brain, while in melancholia there will be found anæmia of the substance of the brain.

As to diagnosis, since this disease depends upon a peculiar condition of the system, and arises from that condition, there will usually be no great difficulty in diagnosis.

The prognosis is usually favorable. No other form of insanity presents such a large percentage of recoveries under proper and timely treatment. Delay here, as in all other cases, is dangerous. For home treatment these cases are more favorable than any other. But few cases are successfully treated in private practice, because of ignorance, and too great anxiety on the part of friends. They do not understand that these cases improve slowly, consequently, they fly from one physician to another, and by this varied and improper treatment, very often convert a curable into an incurable and chronic case.

It is the duty of the medical attendant to impress upon the minds of the friends of the patient the fact that all mental disorders, as a rule, require considerable time before any improvement is noticed, and that it may be six or nine months before entire recovery will take place.

As to treatment, we shall not endeavor to make out any special form, as each case presents symptoms peculiar to itself, and must be treated accordingly.

In the treatment of this, as well as all other forms of mental disorder, two objects must be always kept in mind, viz., to secure rest, and administer carefully proper nourishment. Another indication is to correct the diseased or disordered condition on which the insanity depends, to restore the diminished or checked secretions or excretions.

We usually begin the treatment by administering a prompt, but not exhausting, cathartic, and thus preparing the system for whatever treatment may be indicated. The first great indication, that of securing rest and quiet, is very often obtained by administering large doses of lupulin, given in doses of thirty grains, combined with two drachms of tincture valerian, to which may be added one drachm of tincture hyoscyamus or conium. This may be given three or four times during the day, or until rest is produced. It should, however, be remembered that to do any good the lupulin must be given in large doses, and it has the advantage over other remedies in being both a tonic and sedative, and causes no unpleasant after affects, such as stupor, constipation, etc., and cannot be given in an overdose.

Opium, when given in doses sufficiently large, will very often produce the desired effect, but it must be given with caution, as it may have a cumulative effect, and suddenly prostrate your patient. The constipation produced by its continued use must be guarded against by remedies which will act gently upon the bowels.

Full doses of digitalis combined with the opiate very often have a good effect in calming the maniacal excitement and reducing the temperature. Bromide of potassium, except in large doses, has no good effect upon the insomnia of this form of insanity, and the large doses required often derange the stomach and produce bromism, and these symptoms only aggravate the case; however, when given in small doses, combined with moderate doses of hydrate of chloral, it will often act in a most charming manner where there is great restlessness and violent congestion of the brain. Ten grains of the bromide combined with twenty of chloral, and repeated at intervals of two hours until the desired effect is produced, often acts very pleasantly. Hydrate of chloral, however, is to be used in a very cautious manner, on account of its para-

lyzing action on the heart and vaso-motor centre. When there is a small, frequent, and compressible pulse, and irregular action of the heart, it is always contraindicated; in such cases digitalis, combined with a moderate amount of spiritus frumenti, will sometimes do very well. In the melancholic form, sedatives, especially the bromides and chloral, must be used with caution, on account of their tendency to produce still greater anæmia of the brain.

When the case assumes the typhoid condition alcoholic stimulants must be freely used, and there are certain cases of mania where none of the sedatives before mentioned will do any good; in such cases sleep has been produced and kept up for some hours by the administration of tablespoonful doses of spirits frumenti at proper intervals.

When the maniacal symptoms are checked, and sleep has been produced, tonics must be freely given. Of the preparations of iron the pyrophosphate is the most appropriate. The cases of melancholia will require tonic and stimulating treatment from the first. But with whatever medical treatment is used, the patient must be kept quiet, and not permitted to take exercise until she has strength to do so. To recommend exercise in such cases, as is too often done by the friends of the patient, is a fallacy, and often does great injury; the nervous system has been overstrained, and rest is essential until strength is regained.

As regards diet, the patient must be well fed, with positive food, and not with weak and disagreeable broths; let her have plenty of good milk, eggs, bread, tender and well-cooked meats, etc. But in many of these cases the patient utterly refuses to take any food, and then she must be fed by means of a stomach tube introduced into the stomach, through which beef essence or other concentrated liquid food may be poured into the stomach; and this must be repeated daily until your patient eats voluntarily, or she will die, in spite of all medical treatment. A few years since we fed a patient daily, for four months, in the manner just described; she is now, and has been for some time, well enough to take care of her family.

The treatment throughout requires persistence and firmness, and though at the time your patient may think you cruel, with returning reason she will be grateful for all that you have done for her.

IS DENTITION ONE OF THE CAUSES OF CHOLERA INFANTUM? IF SO, IN WHAT WAY?

BY J. H. NOWLIN, M.D.,
Of Little Rock, Ark.

In your issue of June 15th I read, with interest, an article from the pen of William S. Stewart, A.M., M D., on "Some Considerations in regard to the Causes of Cholera Infantum." After mentioning several causes, and giving his reason for considering them such, he continues as follows—"*Teething* may be considered a concomitant cause of cholera infantum, as *it is during* dentition (all italics mine) that it occurs; undoubtedly the one is a great aggravation of the other. To what extent, if at all, dentition may be a *cause* of this disease, authors seem to take little interest" etc. And again—"It has been in *theory*, to me, one of the *chief* causes of the disease." Unfortunately for his readers, the Doctor failed to give specifically and definitely his *theory* upon the subject. It would have been much more satisfactory than to have dismissed the matter as he has done, with the statement of the simple facts that "the disease occurs during dentition," that "we have as one of the first symptoms an excitement of the *buccal* and *salivary* glands of the *mouth*," "their secretions being more (than usually) acid," etc. Now, it is said, "Doctors will differ;" indeed, the saying long since passed into a proverb; but why, I am not prepared to say, as men of all other professions and persuasions differ quite as widely as doctors. For example, lawyers, clergymen, etc., than whom none can differ more.

When a student, nearly four decades in the past, I was taught to believe that cholera infantum often occurred during the first few weeks, or even days, of the earthly existence of children, long before the "period of dentition," or even the "excitement of the buccal and salivary glands of the mouth." My experience, thus far, has fully confirmed the teaching of my preceptors in this particular. I was also taught, and pretty fully imbibed the view, that dentition, or the process of teething, was as really and truly a physiological one, as the growth and development to perfection of any other part of the animal economy. Nor have I ever yet had any good reason to believe otherwise than that it is commenced and perfected with as little suffering or detriment to the young animal as

the growth of any other part of its being. Moreover, I am not aware that any professional man ever maintained the contrary, except (miserabile dictu!) in relation to the genus homo.

Why this exception? The process is precisely the same in the brute as in the human, in utero, as during the first, second, third, or fifth year after birth. What is there in the growth of the teeth, and the absorption of the gums, to give place to the former (the whole of the process), that can possibly produce irritation in any degree, not to say sufficient to give origin, by sympathy (reflex action), or continuity of surface, to laryngitis, croup, bronchitis, or the various troubles of the alimentary tube? Is absorption an inflammatory instead of a physiological act? I have never so considered it. Where, then, is the seat, and what is the morbid action thought to be so potential of mischief? So far I have searched for it in vain. Can it be in the failure of the absorbents to remove the very delicate and vascular gum tissue, containing such an abundance of nerve filaments, so that the unyielding and persistently progressing teeth impinge upon the former with such force as to bring into existence, through this nerve element, the terrible consequences so frightful to contemplate, which we see in the journals of the present day, as well as those of past ages. If this should be regarded the true solution of the difficulty, I would ask why the morbid phenomena are postponed, for the most part, till only a very short time before the eruption of the teeth? If absorption is wanting entirely, pressure must begin with the growth of the teeth, and be exerted, not only upward, but around their entire circumference. The resulting evils would then be seen from birth to the close of the dentition period, but diminishing as the teeth approach the surface of the gums, the resistance becoming less and less till the teeth are liberated. With much interest, and for many years, I have noted and canvassed the views expressed and defended by the representative men of our profession, and have seen, with pleasure, a gradual but steady falling off of the advocates of the old old theories of the multiform evils of dentition. Indeed, at this moment, I cannot mention one on either continent, who really deserves to be considered in the upper story of our noble profession, who still adheres to the views of John Hunter, Marshall Hall, etc., great as those men were and are deservedly considered.

During the early part of my professional labors, say through the fifth and half of the sixth decades of this century, in conformity to the customs of the time, as well as in following (in a small way) the precepts and examples of the eminent John Hunter, who said he "was not ashamed to acknowledge that he had cut the gums over the same teeth as often as ten times;" and of Marshall Hall, who said to his class, "In a difficult case I would not hesitate to recommend the incision of the gums *every* day, and even twice a day;" beside many other very eminent men since their day, I occasionally was induced to split the gums and give the teeth a chance to escape from their imprisonment, and the infant from its perilous condition. Close observation, however, followed assiduously, failed, in a single instance, to reveal any good result, unmistakably traceable to the operation. I always cut down to the tooth, as evinced by the grating of the knife upon its crown; yet I never saw a tooth, when thus freed, jump through the incision, as might have been expected from the amount of pressure supposed to be exerted upon it by the tense and resisting gums! Another very extraordinary observation I made, quite in conflict with the pressure theory, viz., that no such thing ever occurred as retraction of the edges of the cut, although the tooth might be seen by the naked eye if the cut edges were forced asunder; and, besides, if the tooth was not too nearly through to permit adhesion, the opposing edges would grow together in a few hours, mauger the inflammation, swelling, pressure, etc., supposed to be present.

These observations, with others of like character, convinced me long ago that the world had been most immensely, detrimentally, and unmercifully humbugged by our profession, upon the subject of "first dentition;" and hence, for the last ten years, at least, I have fought earnestly and most persistently against the teachings of a majority of the profession, who still adhere to the old theories, as well as against the current and popular views upon the subject, as quite a number of my professional brethren can testify. Mothers I sometimes have found it difficult to convince. Wedded to the belief imbibed from their parents or family physicians, who knew all that could be learned, in their opinion, they have, or seem to have, no desire to know anything to the contrary. A mother presents a child eight to eighteen months

old, and wishes me to examine its gums. Its bowels are "running off;" it "has little appetite," "has lost flesh, and is very fretful, etc." I reply, "Now, my good madam, put your finger upon the tender gum, and see if the child suffers from the pressure." "O, no sir!" she immediately replies, "the child loves to have me press upon its gums, and it loves to bite on the rubber ring and any hard substance it can get hold of." "Well, madam, do you not suppose your child's gums are as tender and as easily hurt as your own." "Of course I do, sir." "Very well; now if your gums were inflamed, swelled, tender and painful, do you believe you could bite the rubber ring and other hard substances, and permit your gums to be pressed upon, like your child does." This is coming to rather close quarters for the good woman, and she makes a flank movement by saying, "O, sir, I think the baby's gums must itch him very badly!"

I feel, Mr. Editor, that it is full time our profession had begun to undo some things which they have long done, and to unteach many things they have taught, which have given origin to much of the empiricism of the day.

A CASE OF PREPUTIAL IRRITATION.

BY C. POLLOCK, M.D.,
Of Donnelsville, Ohio.

I was called in the night, on the 8th of February, 1878, to see a very large and apparently healthy babe of six months, son of S. F. Had always done well and slept easily up to the 20th of January, when he seemed to suffer from colic, which became worse constantly, in spite of approved domestic remedies. His screams were incessant and outrageous, and he had exhausted the energy and patience of three robust persons, trying to soothe him and get him to sleep, by carrying him in their arms. Examination developed nothing to account for his condition, and I wish to say here that I would not have recognized or treated the case properly, but for the graphic description given in a lecture by Professor Sayre, in the number for October 14th, 1876, of the REPORTER.

In answer to my inquiry the father told me the penis was often erect (or, as he expressed it, "as hard as a little stick") during his worst paroxysms, and the diapers constantly wet with urine, which seemed to be always dribbling from him. On inspection the prepuce did not seem to differ from other babes' of the same age, but he would flinch and cry out worse when it was touched.

The parents are intelligent, and I explained the cause and treatment. They did not doubt that it was some irritation about the glans penis, after seeing his actions when touched there, but they said it was rather a severe operation on so young a babe, and preferred I should resort to milder measures first. I tried to stretch the preputial orifice with small forceps, and break up the adhesions with the probe, and then inject warm water and oil; I kept the penis wrapped in cloths wrung out of hot water, with apparent relief.

On the night of the 16th he was again crying and writhing all night, and on the 17th, with their consent, I removed the redundant portion of the prepuce, and with great difficulty separated the mucous membrane from the glans, and found a small ring, of the consistence of cheese, around the neck of the gland. After removing the hardened smegma and washing the part, I applied cosmoline freely, and then applied a warm water dressing, and flattered myself I had done well.

The wound healed speedily, and the babe slept well, but in a short time my mortification was extreme, to find my patient in the condition described by Dr. Brinton, in the number of the REPORTER for June 8th, 1878, and I sincerely regret that his lecture did not reach me sooner, or my case come to me later than it did. The original trouble was removed, and the parents were satisfied with that part of it; but here was a phimosis, where the prepuce would swell out like a balloon when he emptied the bladder, and the urine slowly pass out through an opening which seemed to be getting smaller. The mother was bitterly opposed to having her boy hurt a second time, but finally gave a reluctant consent, and I did nearly as described by Dr. Brinton, as above, and with good success; but I will know how to do it better the next time.

I saw the boy yesterday, July 19th, sleeping on his mother's knees, and was told by her that he had caused her no trouble since the second operation. I am convinced this babe would have suffered from epilepsy if allowed to go long unrelieved. The mother had several epileptoid seizures while pregnant, but none, before or since, that I can get a history of. The father remarked how easily the trouble

could be mistaken and treated for disorders of the stomach or bowels, or worms, etc., and all sorts of remedies, from santonin to spanking, administered, until the child died or grew up an epileptic. He gave an instance: a cousin of his own, now seventeen years old, epileptic and "half-witted," who, he says, he now remembers as having had "crying spells" during infancy, and lying on his belly and acting in the same manner as his own babe, and for which he was alternately spanked and drugged; to-day he has phimosis, and his prepuce swells out during micturition, as described above.

Would the same train of symptoms follow an irritation of the clitoris in little girls? I had a case of a little girl, two years old, affected with whooping cough, in which the same screaming, crying and general conduct induced me to ask the mother to inspect the genitals, and she informed me there was some slight soreness, for which treatment was given, and she seemed to improve at once.

PSYCHOLOGY AND HYGIENE, IN THE TREATMENT OF DISORDERS ARISING FROM PROLONGED MENTAL DEPRESSION, ETC.

BY J. H. O'REILLY, M.D.,

Of the United States Marine Hospital Service, Louisville.

That a prolonged continuance of depressing mental emotions is productive of numerous disorders, both real and imaginary, is a fact in medicine, thoroughly established. Conspicuously common among the affections arising from this source, which may be arranged under the former title, are sleeplessness, vertigo, neuralgia, and general nervous prostration, palpitation of the heart, and other disturbances of the circulatory apparatus, gastralgia, the different varieties of dyspepsia, and obstinate and annoying constipation. Under the head of imaginary, may be collected those numerous and vaguely defined complaints everywhere recognized and denominated as hypochondriacal.

The people of the United States are just passing through a condition of financial depression which is unparalleled for duration and for the universality of distress thereby occasioned. As a consequence of this state of affairs, the diseases of which mention has just been made are observed to occur with remarkably increased frequency. Taking advantage of the seemingly golden opportunity thus offered to augment their sales, and evidently under the delusion that they were conferring an inestimable boon upon suffering humanity, the manufacturers of medicines have flooded the country with "hundreds upon hundreds" of alleged "unfailing" and truly "agreeable preparations." Notwithstanding, however, this very commendable enterprise on the part of the manufacturers, it is the generally expressed opinion of physicians that, from the almost interminable list of "new remedies" recently presented to the profession, it would be impossible to select a dozen medicines whose actions, after being thoroughly tested, have not failed to meet the expectations of those by whom they were administered.

Practitioners, in endeavoring to account for the occurrence of this anomaly, have advanced a multitude of theories, many altogether unreasonable, and not a few perfectly ridiculous. One gentleman ascribes the trouble to the "fluid extracts," many of which are rendered entirely inefficacious by the excessive heat employed during the process of their manufacture. He says, "I maintain that where much heat is used (referring to fluid extracts), especially with products of a volatile character, it is possible to dissipate the valuable part of the preparation and give an inert and worthless drug." Another physician attributes the irregularity to the improper preparation and gross adulteration of the new remedies in general. It will be remarked, however, on the one hand, that the "fluid extract" is not the only preparation by which we are so constantly disappointed; and, on the other, it is yet to be established that the new medicines are not equally as scientifically and carefully manufactured, and quite as little adulterated, as any that were employed previously to their introduction. While each of these gentlemen, therefore, has directed attention to a possible element in the production of this most unsatisfactory condition of things, both have failed, either from contracted observation or fallacious reasoning, to discover the great and most obvious cause of the difficulty.

As already inferred, the troubles whose increased frequency of occurrence has been the chief instrument in bringing about the introduction of these warranted panaceas, originate from prolonged worry, overstraining and depression of the mental faculties, and it is in this

class of disorders, if anywhere, that the effects are to be gotten rid of, by the removal of the cause. Now, these remedies, from their very nature, can be applied only to the palpable results, instead of to the original source of disturbance, and it is on this account that benefit so rarely succeeds their administration. It must be remembered, in the management of these affections, that relief comes only subsequently to the advent of complete mental relaxation and diversion. The measures to be adopted for the induction of this latter condition are both psychological and hygienic in their character. Sleep, and plenty of it, must be procured under any circumstances. Bathing is scarcely less beneficial than rest, when regularly and judiciously employed. As a means of relief, in many instances, traveling, by reason of the constant vicissitudes and excitement with which it is attended, is to be highly commended. The same may be remarked in connection with field and aquatic sports, and out-door exercises of every description. Where the occupation of the patient renders an absence from the city difficult or impossible, nothing will prove more highly efficacious than the healthy and pleasant recreation provided for by a well-regulated gymnasium. The mental amusement and distraction attendant upon gardening, pisciculture, and the raising of pets, is especially useful where the subject is a female, or a male of delicate constitution. Minute specifications concerning the naturé and employment of these measures are altogether without value, on account of the numberless differences in the histories of the cases which present themselves for treatment. To the intelligent discrimination of the physician in attendance must be left the selection of such as are appropriate to the peculiar disposition and temperament of the individual under his supervision.

ON THE HANDLING AND USE OF THE MEAT OF DISEASED ANIMALS.

BY T. S. SOZINSKEY, MD., PH D.,

Of Kansas City, Mo.

To any medical man who has made himself familiar with the method of business and common practices of butchers and beef and pork packers, but especially of the latter, there can be scarcely any doubt in his mind that a great deal of meat is handled by them which is unfit for use. There may not be much substantial reason for great alarm about the matter, but there is at least some cause for it. The brief remarks I am now about to make on this important subject, for the edification of the readers of the Reporter, are based on observations and inquiries recently made by me, principally in and about Kansas City, one of the great stock trade and packing centres.

It is impossible to gather much information from butchers and packers as to the condition of the animals slaughtered by them; of course, they will not expose any of their doings which would not bear criticism. To obtain information on this point, the best place to glean it is at the stock yards where they obtain most of their supplies; and even there it is hard to get at the actual facts. Now, on visiting the stock yards during warm weather, one sees, at times, dozens of cattle and hogs which are overcome with the heat, which are sinking or have sunk, from sunstroke. What becomes of these unfortunate animals? If they are able to stand on their feet at all, and sometimes even when they are not, they are sold to butchers and packers. I greatly fear, too, that sometimes animals that have actually died are dressed and sold. There is only too much reason for believing that some of the people who traffic in meat obey that part of the Mosaic code which succeeds the edict, "Ye shall not eat of anything that dieth itself," and which says, "Thou shalt give it unto the stranger that is in thy gates that he may eat it; or thou mayest sell it unto an alien." Now I think I am putting it mildly enough when I declare that the meat of animals which are on the point of dying when they reach the butcher's hands is unwholesome. Our knowledge, however, as to the precise effects of such meat is very limited; it is far from what it should be.

Remarks somewhat similar to those just made might be made about the cattle and hogs which are prostrated while in transit, on account of being huddled together for days, in railroad cars, without food of the right kind, and in sufficient amount. The yards in West Philadelphia are a very good place for observing how these "cripps," as the stock men call them, are disposed of.

I now turn to a more shocking part of my subject. When the hog cholera, Texas cattle fever, or any other serious epizoötic disease breaks out in a lot of marketable animals, they are disposed of as soon as possible, to butchers

and packers, and generally at but a slight sacrifice. If the animal is able to hobble to the slaughtering place, it is considered fit for use. This statement is not any too positive, for I have taken pains to know whereof I speak. Now, can it be that the flesh of animals suffering from serious zymotic diseases, such as hog cholera, and Texas cattle fever, is wholesome? I certainly doubt it, and I know there are very few who would eat such meat, if they knew it to be such. But it must be said that little or nothing is known as to the effects on the human system of the meat of animals butchered while suffering from blood diseases; it is only surmised that they are bad. Surely this is a matter which merits thorough scientific investigation. I think the government should take it in hand.

I may say a few words about packing measled pork. In the packing establishments no inspection is made for the detection of this condition, which is by no means sure. I have been told that it is always detected incidentally, which may or may not be so. Thus, it seems that when a ham is put in warm water, which is done in the process of curing, if measled it will be evident from the red spots which appear. Even when the measled condition of the meat is apparent, I doubt much whether it always finds it way into the rendering tanks.

From what precedes, it is evident that a weighty responsibility rests with beef and pork packers and butchers; in a measure, the health, the life, of almost every one is in their hands.

Hospital Reports.

PENNSYLVANIA HOSPITAL.

NOTES OF SOME CASES UNDER THE CARE OF DR. R. J. LEVIS.

Reported for the Medical & Surgical Reporter.

Palmar Abscess.

A man was injured by a blow from a hammer on the hand, and had all the symptoms of incipient palmar abscess. The skin of the palm of the hand was very hard and tense. No discoloration and but slight swelling was present. More swelling existed on the back of the hand than in front, showing that the inflammation which commenced in the palm had extended between the metacarpal bones to the dorsum of the hand. This abscess would never have opened on the palmar surface, since the fascia is so firm and strong that the pus cannot burrow through it; but it would soon have made its exit upon the back of the hand, where it is not bound down by such firm structures. It caused him great pain, which shot up the arm to the shoulder, and it had been so severe for the last few days and nights as to destroy all comfort and prevent sleep. The rule in such cases is for the pus to burrow up under the annular ligament into the forearm, and to cause great havoc in that direction. The treatment consisted in making free incisions; and pus, though in small quantity, soon escaped from the wound made through the tissues of the palm. The only danger in thus incising the palm is the chance of wounding the superficial palmar arch. The situation of this arch can be roughly estimated by placing the thumb at a right angle to the hand and drawing a line down the front edge of the thumb, across the palm. The arch will lie directly under this line. Then we thrust the knife in, vertically, just in front of this line, and cut in the axis of the middle finger. By so doing no large vessel will be injured. The prognosis, in cases where the incision is made early, is very favorable. The man recovered, with good use of the hand.

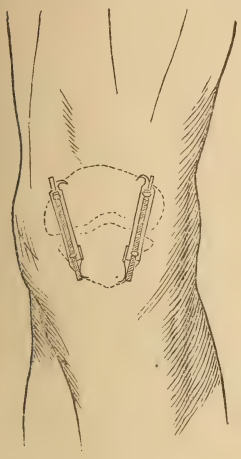
Application of the Benzole Cautery for the Relief of Pain Following an Obscure Injury to the Back.

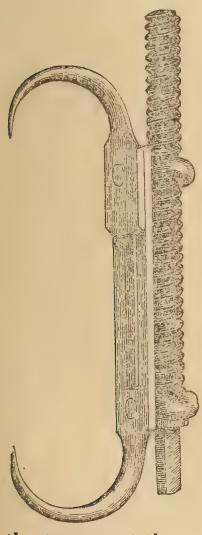
A fine, vigorous fellow received an obscure injury of the back some fifteen months ago, from which he suffered pain in the lumbar region; and Dr. Levis purposed using the actual cautery for the relief of that pain. He used the benzole cautery, one of the late valuable additions to the surgeon's armamentarium. Benzole vapor, when applied in a steady current upon a previously heated metallic surface, will keep it in a continuous incandescent state. This is the rationale of the benzole cautery. The cautery proper is a metallic tube tipped with platinum; through this hollow tube a current of benzole-vapor is driven, by means of an apparatus resembling an atomizer. If the platinum tip is heated gently in a spirit lamp, and then the vapor forced into the hollow cautery, the metal soon becomes white hot, and will remain so as long as the current is sustained. This appliance worked admirably, and ten eschars were made along the spinal column. After cauterization each spot was touched with pure carbolic acid, for it has been found that when so treated the patient does not experience any pain from the burned surfaces, as the carbolic acid acts as a local anæsthetic; and as an eschar was desired, the effect of the acid on the skin was unimportant. Cold water was then used as a dressing to the back.

A week later the patient was shown, and the sloughs were found to be in process of separation, by the occurrence of suppuration beneath. The severe and constant pain complained of had been relieved, and the man had suffered no pain from the application of the cautery, which was due to the use of the carbolic acid immediately after the eschars were made.

Transverse Fracture of the Patella Treated by a Modification of Malgaigne's Hooks.

A woman was going down stairs, when her foot turned, and she sustained a fracture of the patella. Most of these transverse fractures of the patella are due to inordinate muscular violence, as in a case where a man sustained a fracture of this kind while attempting to mount his horse. The diagnosis is made by the change in the contour of the knee, by the inability to extend the leg, and by the upward displacement of the superior fragment. The treatment by hooks has been used a good deal here during the last two years, and with good results as to closeness of union and to absence of active inflammation. The cases seem to demonstrate the fact that fracture of the patella will unite as readily as any other bone, if the fragments are kept in contact. The patella is not a symmetrical bone, and, therefore, the ordinary double hooks of Malgaigne do not take hold as evenly as they should; hence Dr. Levis had made, a year or so ago, some single hooks, which allow a more accurate adjustment of the fragments. This woman, named Mary McC., aged twenty-eight years, was admitted with transverse fracture of the right patella accompanied with very little swelling. Four days after admission the double hooks were applied, and gave good apposition. Carbolized charpie was used as a dressing, and the limb was kept elevated. At the end of five weeks the instruments were removed, and it was found that there was good union with about half an inch separation. During the treatment there were no symptoms of active inflammation resulting from the introduction of the hooks, but the union was not very close.





The following case occurred a year and a half ago, and showed excellent results regarding the close apposition obtainable by the double hooks.

Mary J. was admitted during the winter of 1876 and 1877, for transverse fracture of the left patella, with three-fourths of an inch separation. After antiphlogistic applications had been employed for three days, the modification of Malgaigne's hooks were inserted, and the fragments drawn into accurate apposition. The instruments were kept in the same position for over five weeks, during which time the limb was kept extended, and carbolized oil dressing employed over the points of puncture. No inflammatory symptoms occurred, and after the hooks had been removed for some days, the patient was allowed to walk, by having the knee supported in the extended position by means of a posterior straight splint. Subsequently this splint was discarded and passive motion carefully instituted. Four months after the receipt of injury she was examined again, and it was found that she could flex the knee until the leg was at a right angle with the thigh, and was able to walk very well, though she was still somewhat lame, probably from the slight stiffness of the joint. At the point of fracture, there could be felt a slight ridge, but the apposition must have been exceedingly good, because measurement showed little or no difference in the length of the two patellæ. After a time the woman fell again and sustained a refracture of the patella, for which she was admitted into the University Hospital. This, of course, does not actually demonstrate that the union was ligamentous, for it is well known that any bone is easily refractured for many months after bony consolidation has occurred. The next cases are not quite as favorable as this.

John C., thirty-seven years old, slipped on the ice and broke the right patella, somewhat obliquely, having about one inch separation. The other patella was broken seven years ago, and there is now a distance of four inches between the fragments. When the swelling had subsided the modified hooks were adjusted, and the treatment employed in the other cases adopted. There was no resulting inflammation of any account, except a slight irritation immediately around the openings, as had occurred in all the cases. The hooks were allowed to remain thirty-six days. There was some separation, but the hospital notes do not say how much. The patient wore for a time a posterior straight splint, and then was allowed to go without any dressing.

In the following case it is hard to determine accurately whether the abscess resulted from the original contusions, which were severe, or from the hooks, which were, however, removed some time before the inflammatory symptoms arose.

Adam S., a sailor, aged fifty-three years, fell, sustaining a transverse fracture of the patella of the right leg. There was a good deal of contusion and swelling, and much intra-articular effusion, which was treated by elevation of the limb and the local use of lead water and laudanum. Nine days after admission the modified hooks were adjusted, and the fragments drawn into good position. No inflammatory symptoms occurred, and the instruments were removed twenty-one days afterward.

When the hooks were taken out the notes record that there was very little separation, and that the foot was kept elevated. This note was dated February 6th. On the 9th, however, the record says that the knee is beginning to inflame and is red, swollen and painful. There is separation of the fragments, and a sensation of fluctuation imparted to the fingers of the examiner. A few days later there was a spontaneous discharge of pus, whereupon the opening was enlarged and the case treated on general principles. The abscess was evidently altogether superficial to the knee joint. Carbolized charpie was applied as a dressing, which was subsequently changed to zinc ointment. Ligamentous union occurred, and on March 31st the man was allowed to be up on crutches. About one week later he was discharged, with a good deal of stiffness of the knee.

Editorial Department.

Periscope.

Anæsthetics in Childbirth.

On this subject M. Lucas-Championnière, of the Maternity of the Hôpital Cochin, gives his experience in the *Gazette des Hôpitaux* :—

In some cases, when begun in good time, a few drops only are given from time to time on a handkerchief, the woman herself holding this and breathing the chloroform at the moment when she feels the contractions. Great relief is attained, the woman scarcely feeling the acuteness of the pains, and being able to continue to converse with those around her. She, so to say, anæsthetizes herself, proceeding thus gradually until complete dilatation is accomplished, the accoucheur being apprised, by a more urgent resort to the chloroform, that the head has reached the vulva. It is for him alone to determine whether the dose should then be increased or whether the woman should be left to her suffering at the last moment. This is the most simple type of case, in which a very small quantity of chloroform is required. But there are women who are more rebellious to the action of chloroform, especially if its administration is only commenced after they have already suffered severely for one or several hours. They derive no benefit unless it be given more abundantly. They do not lose consciousness, but they have a tendency to drowsiness, during which they know all that is going on; and when this tendency has passed away, they instantly demand more chloroform. In the intervals they remain habitually silent, but care must be taken not to give the chloroform at too long intervals, as the doses would then have to be exaggerated in order to produce sufficient anæsthesia. With this precaution the labor is safely terminated, the women struggling, and showing that they feel the contractions, but without any acute pains. There are other women who are still more refractory—viz., those in whom labor commences only long after the membranes have been ruptured, when the uterus is hard and contracted, or when the labor has very far advanced. In such cases as these Simpson's plan must be followed, of giving a considerable quantity of chloroform at once, pushing on the inhalations without fear, until the woman is completely insensible. Even this is not "surgical anæsthesia," it is only the sleep which precedes the stage of excitement; and if these inhalations be continued for fifteen or twenty minutes, we may then prolong the state of semi-anæsthesia until the end of the labor. The result of semi-anæsthesia, M. Lucas-Championnière observes, is the suppression of pain, and of the symptoms of excitement which so often accompany it. The uterine contractions are not suppressed but regularized, occur at more regular intervals, and become efficacious. The influence, indeed, exerted on the progress of the labor is favorable. It usually proceeds rapidly, and sometimes this rapidity is truly surprising. Not only is this anæsthesia without danger, but even without any inconveniences. The labor, in spite of what has been said, is not delayed, and the child, at its birth, exhibits no signs of insensibility. The sequences of delivery are better, and the strength is more rapidly recovered. An important fact to be insisted upon is that, if we desire to keep within the limits of small doses, the inhalations must be commenced before the woman has suffered much. As to contraindications of his procedure, M. Lucas believes they must be excessively rare; and he does not consider as such either cardiac or pulmonary affections.

Congenital Absence of the Kidney.

In the current number of Virchow's *Archiv* Dr. Beumer has collected, from various sources, forty-eight cases in which one kidney was congenitally absent, and has carefully compared the conditions, associations, and effect of this malformation. This number of cases is considerably greater than any previous writer has collected, and the conclusions drawn from them possess corresponding value. From the circumstance that these cases were all recorded within the last twenty-five years, the condition, although uncommon, is not of extreme rarity. In forty-four out of the forty-eight the kidney was

entirely absent; in four it was rudimentary. The organ appears to be absent as often on one side as on the other, since in twenty-one cases the defect was on the right side, and in twenty-two it was on the left. It appears to be of more frequent occurrence in the male than in the female sex, since, of thirty-nine cases in which the sex was mentioned, twenty-six were males and thirteen were females. It must be remembered, however, in estimating the value of this difference, that the number of post mortem examinations upon men is larger than upon women, and the condition can only be diagnosed by an autopsy. When observations have been made upon the state of the vessels, they have been most commonly absent. In one case, although the kidney was wanting, a rudiment of the renal artery existed, passing into the cellular tissue. In one case in which a rudimentary kidney existed, incapable of function, the renal artery did not exist. Similar variations in the condition of the ureter have been observed. In most cases the duct was entirely absent; in a few the portion of the ureter adjacent to the bladder alone existed. Of the bladder one angle of the trigonum was absent in some cases, or the sulcus in which the ureter opens could not be detected on the side on which the kidney was wanting.

Phthisis in the Lower Animals.

Dr. W. L. Lindsay says, in the *Lancet*, that phthisis is one of the most common and most fatal diseases in (1) menagerie animals, (2) domesticated animals, and (3) home pets. Among the denizens of our zoological gardens phthisis is specially fatal in the quadrumana. It is notoriously the disease to which monkeys most frequently succumb; but to the chimpanzee, orang, and others of the anthropoid apes, it is also very fatal. Monkeys in the zoological gardens of London, we are told, "are generally tuberculous; they die of tubercule. . . . There is no special disease that is peculiar to monkeys, as with children." But consumption in menagerie animals is by no means confined to the quadrumana; it proves fatal in very different classes, orders, genera, and species. Thus Lloyd describes it in the porpoise in confinement; and it occurred also in an Indian antelope, which became a regimental pet and accompanied a certain regiment home. Again, a couple of Arctic foxes, that had been confined all winter and spring in the engine room of one of the steam yachts of the German Arctic Expedition, died of pulmonary tubercle, according to Dr. Copeland.

In the case of menagerie monkeys in England phthisis and deaths therefrom are usually attributed to the cold and damp of the English climate. Pierquin ascribes this fatal phthisis partly to nostalgia, as well as to extreme change from the humid heats of protected tropical forests to the cold winds of exposed Europe. But other influences are also at work: such as foul air, overcrowding, want of exercise, *ennui*, unsuitable food and drink, the sense of captivity, repression of the sexual and other instincts, artificial light, and the excitement of being visited and exhibited. In the case of the Arctic foxes above quoted the effects of captivity, inaction, artificial light and heat, foul air and improper food are more apparent, as they are more direct. But in all cases of animals held in captivity by man we have phthisis developed, or other forms of tuberculous disease, as the result of subjecting them to artificial, unnatural, and unhealthy conditions. And it is precisely in parallel circumstances that man is so incessantly manufacturing phthisis in himself and his fellows: in the close lanes of our cities; in the crowded dwellings of these lanes; and in our overgrown poorhouses, barracks, and hospitals for the sane and insane.

On the Treatment of Catalepsy.

Dr. Tebaldi relates the following case (*Archivio Italiano*, 1877, Nos. 2 and 3): A student, aged twenty-two, the son of very nervous parents, after severe and persistent study of law, philosophy, theology, etc., fell into a condition of ecstasy, catalepsy, and stupor. He was treated by Dr. Tebaldi with tonics, cannabis indica, and electricity. The first dose of Indian hemp markedly stimulated the motor system. After the drug had been administered for four days the patient (who had not voluntarily moved a finger for three months, nor spoken a word for five months) walked, unaided, from his room, ate his food, spoke a few intelligible words, then became very excited, dancing, laughing, and threatening those around him. Symptoms of paralysis of the bladder and rectum came on, and the treatment was discontinued. The treatment by electricity (two Stöhrer's elements) was given up after twenty-two sittings, its action being, on the whole, similar to that of the hemp. The most noteworthy difference was that the latter acted chiefly upon the motor system, while the action of the electricity was most evident upon the sensorium. Neither method of treatment produced more than a temporary improvement, and Dr. Tebaldi concludes that the patient has psychic weakness, without disorganization of the brain cortex.

Hebra's Local Treatment of Lupus.

Recently, at the Clinical Society of London, Mr. Spencer Watson read notes of two cases of lupus exedens, to illustrate Hebra's plan of local treatment by caustic. Case 1. A policeman, aged twenty eight, in whom the ulceration on the face followed a kick in that region. Solid nitrate of silver was freely rubbed in on several occasions, and at the same time iodide of potassium given internally. Cicatrization occurred in a few weeks. Case 2. A pale, ill-nourished man, thirty-four years of age, first seen in November last. He then had an ulcer the size of a horse-bean on the right side of the

cheek and ala of the nose. There was no history of syphilis, but he had lived badly of late. He was at first put upon cod-liver oil, and vaseline was used locally, but the ulceration continued to spread and to increase in depth. On January 25th treatment by solid nitrate of silver was commenced, and repeated on the 28th and 31st, iodide of iron and three grains of compound soap pill being given internally. Several of the ulcers had healed by February 4th, and on the 10th of the month cicatrization was complete. The patient was now shown to the Society, a cicatrix on the right cheek indicating the seat of the previous ulceration. The ala of the nose was preserved, with only slight narrowing of the nasal aperture. The cases illustrated the rapid improvement following upon the free use of caustics, antiseptic dressings, improved diet, and opiates.

Ununited Fracture of the Tibia.

In a Clinical Lecture published in a recent number of the *Gazette des Hôpitaux*, M. Duplay alludes to the frequency of delayed and imperfect union after fracture of the upper third of the tibia. In many of these cases there is no constitutional vice to which it can be attributed, and the usual local causes of non-union are absent. It has been stated that fractures above the entrance of the nutrient artery, which is directed downward, unite less readily than those below it, on account of their relation to the blood-supply of the bone. But M. Duplay points out that the upper end of the tibia is the most vascular part of the whole bone, and its nutrition may therefore be presumed to be in a very active condition. He regards, however, this very vascularity of the bone as the cause of the difficulty of union, as, when fractured, the great number of torn vessels pour out an unusually large quantity of blood between and around the broken ends of the bone, which coagulates, and thus impedes or altogether prevents the thorough organization and ossification of the callus. He states that in these cases he has met with distinct evidence of this extensive effusion of blood.

The Minute Pathology of Measles.

At a late meeting of the Pathological Society of London, Dr. Braidwood showed specimens and drawings illustrating the microscopical characters of the tissues in measles. He commenced by stating that the research was part of the investigation upon the life history of contagium being carried out by himself and Mr. Vacher. He showed a specimen of some bacterial-looking bodies which had been collected from the breath of a child affected with measles, and, as will be seen, he had found similar bodies in the skin of measles subjects. Two cases only had been yet observed. In each the post-mortem examination was made within twenty-four hours of death, the tissues preserved in strong alcohol, and sent to Cole & Sons for preparation. In the first case death occurred on the eighth day after commencement of eruption; swelling of corium and rete mucosum from small-celled growth, especially around the hair follicles and sweat ducts, and in the true skin groups of spherical and rod-shaped sparkling bodies, not staining with carmine. They did not occur in the sweat ducts or hair follicles, and were not met with deeper than the sudoriparous glands. The lungs showed plugging of air vesicles by exudation material, altered blood globules, and also many of the sparkling spherical bodies similar to those met with in the skin. Like bodies were also met with in the liver around the bile ducts. In the second case death occurred on the fourteenth day after the commencement of the eruption. There was less swelling of the skin, but still similar particles occurred in the urine and in the lungs, as in the other case. From the similarity of these bodies to the organisms in vaccine virus, Dr. Braidwood thought that they represented the "measles micrococcus," and it was interesting that similar bodies should be found in the breath of measles subjects.

Treatment of Amenorrhœa.

The *Practitioner* says that Professor Courty, of Paris, employs a pill composed of powdered rue, savin, and ergot, of each five centigrammes (2–3 gr.) and aloes from 2–5 centigrammes. Of these thirty are ordered, and three are taken the first day, six the second day, and nine the third day, always in three doses. They are suited for cases of idiopathic amenorrhœa, without great reaction on the economy and when there is reason to suppose that the suppression of the menses is due either to an insufficient determination toward the genital organs or to a difficulty of discharge, due to inertia of the uterus. In order to encourage the fluxion toward the genital organs, Dr. Courty orders, before beginning the pills, foot baths, sitz baths, and fumigations. He also applies leeches to the labia during the three days the pills are being taken. The pills generally induce colicky pains and often a little diarrhœa.

Carbolic Acid in Hepatic Abscess.

The London *Medical Record* states that Dr. P. Carrescia relates, in *Il Morgagni*, for December, 1877, the case of a man who, having suffered for a long time from a malarial affection, was suddenly attacked with vomiting of pus, due, without doubt, to the bursting into the bronchi of an abscess of the liver. In these circumstances, Dr. Carrescia, remembering the remarkably beneficial effects of carbolic acid in suppurative pneumonia, was led to employ it as a disinfectant and modifying agent on the abscess. After sixteen days of treatment by the daily administration of from fifteen to forty drops of a solution of carbolic acid [of what strength?], the patient gradually com-

pletely recovered. The author does not overlook the fact that abscess of the liver may heal spontaneously; but, in the present case, the rapid diminution of the pus, the absence of pain, and the improvement of the nutrition, appear to him to render the effect of the treatment undeniable. He concludes, therefore, that the internal use of carbolic acid in abscess of the liver may exercise some special action, such as has already been described in suppurative pneumonia, and expresses the desire that the value of the treatment may be tested by clinical observation.

Reviews and Book Notices.

OTES ON CURRENT MEDICAL LITERATURE.

——Dr. Isaac Ott demonstrates, in some experiments in a reprint from the *Journal of Physiology*, that muscarin can, by a peripheral action, excite the sweat glands, and that atropin, also, by a peripheral action, can arrest it. The experiments were performed upon cats.

——In a reprint from the New York *Medical Journal*, Dr. John J. Reid, of New York, describes a method of suspension by adhesive plaster, in the plaster-of-Paris treatment of diseases of the spine. He believes this method to possess important advantages over that usually practiced.

——The calomel and soda treatment of diphtheria is extolled by Dr. P. H. Whitehead, of Vicksburg, in a reprint from the Transactions of the Mississippi State Medical Association. That treatment is also popular with some physicians in this city.

——Dr. W. T. Goldsmith, of Atlanta, Ga., has used, with success, the pith of the dried cornstalk as a uterine tent. He compresses and introduces it much like sponge. His paper appears as a reprint from the Transactions of the Medical Association of Georgia.

——So many physicians take an interest in some one or other branch of natural science, that they will be glad to learn that Mr. S. E. Cassino, of Salem, Mass., has published a directory of the Naturalists and Scientific Societies of the United States. pp. 175. Price $1.50.

——The Annual Report of the Board of St. Louis Public Schools retains the solid and instructive character of the previous issues of the board. There is no evidence, however, that the physical condition of the children is looked after as closely as it should be in that and all great cities. The superintendent, Professor Harris, is a man of such general culture, and wide appreciation of the demands of the age that we trust to see, in future reports, that this feature, too, has received the attention it merits.

BOOK NOTICES.

Etudes sur les Invaginations Intestinales Chroniques. Par le Dr. F. G. Rafinesque. Paris, J. B. Bailliere et fils. 1878. pp. 282.

A new subject for a medical monograph is as rare as a black swan, but in the study of the chronic form of intestinal invagination Dr. Rafinesque has certainly found one. He investigates it with satisfactory completeness, giving the clinical details and autopsies of a large number of cases, preceded by a scholarly essay on the literature of the subject, the pathological anatomy, mechanism, symptomatology, diagnosis and treatment of the disease.

Needless to say the complaint is a grave one; as he remarks: "Its difficult diagnosis, its slow progress, its long duration, and its almost certainly fatal termination, make it one of the strangest affections which can be observed" (p. 153). Its average duration is three or four months, but cases lasting over a year are not uncommon. Although usually complicated, toward the close, with intestinal strangulation, this is not a necessary accompaniment. The few lines allotted to the complaint in the works of Holmes, Bristowe and others, while not inexact, do not, in the opinion of Dr. Rafinesque, give the practitioner a sufficient amount of information to place him on his guard. His work is full and complete, and leaves nothing to be desired on this point. He adds a number of statistical tables, and a lithographic plate exhibiting clearly the character of the intestinal lesion.

Visions: A Study of False Sight [Pseudopia]. By Edward H. Clarke, M D. With an Introduction and Memorial Sketch, by Oliver Wendell Holmes, M.D. (Boston, Houghton, Osgood & Co. 1878. pp. xxii, 315.)

Dr. Clarke left behind him this work in a not completed form, but nevertheless so well done, and on a subject so rich in interest to the physician, the philosopher, and the theologian,

that his literary executor has conferred a real benefit on the public in giving it to the world. The introductory sketch, by the master hand of Holmes, is what we might expect from him—and higher praise than that is needless. He gives us an insight into the author's personal character, which adds much to the interest of the book. In the history of mental development, the deceptions and hallucinations of vision have played a most important part. The person who suffers them is less willing to acknowledge the deceit of the sense of sight than he would be of any other sense. The eye, as Oken observes, is the organ of reason, and we are naturally most prone to receive without questioning its information. Yet, in fact, it is peculiarly susceptible to impairments which convey false relations of things; and in certain conditions of the brain, consistent with sanity, it gives wholly fictitious pictures. It is very credible that St. Antony actually saw the tempting forms of beauty in his hermit's cell, and that Luther took good aim when he shied his inkstand at the devil, and yet these visions were like Macbeth's dagger,

> ——"A false creation,
> Proceeding from the heat-oppressed brain."

On the Therapeutic Forces; An Effort to Consider the Action of Medicines in the Light of the Modern Doctrine of the Conservation of Force. By Thomas J. Mays, M.D, etc. Philadelphia, Lindsay & Blakiston, 1878. 1 vol., cloth, 8vo, pp. 143. Price $1.25.

Some single, simple, comprehensive law of therapeutics has long been the Will-o'-the wisp pursued by medical dreamers. Galen framed one, and Hahnemann another, opposed and equally false. Mayer's discovery of the conservation of force led early to various chemico-mechanical theories of therapeutics, but hitherto to none which have really advanced the art of treatment; and this, be it remembered, is the only test of the truth of a theory.

> "Was fruchtbar ist, allein ist wahr."

Will the one set forth by Dr. Mays be more fortunate? It is based on the crude laws of motion, of Huyghens. Stating that all change involves motion, he teaches that the changes worked by therapeutic agents are beneficial when they "move in harmony with the vital forces," and the reverse "when they move in antagonism to them;" the latter, however, provided that the motion is of more than a given rapidity. Drugs are divided into chemical and mechanical stimulants. Narcotics are explained as drugs in doses causing a motion "of excessive energy in a direction contrary to that of the nervous system." Therapeutics is a study of the degree of force exercised by different agents in different doses, on the human body, in disease. No means of measuring this force is given, and consequently no measurements of it. The author speaks of "provings" on the healthy human system, though we should think that the follies of homœopathy would illustrate how little this amounts to.

In conclusion, we have to add that if Dr. Mays has derived, in his actual practice, any benefit from this theory of his, we congratulate him; but that others will find it to assist them, we very seriously doubt.

Anatomy, Descriptive and Surgical. By Henry Gray, F.R.S., etc., with 522 engravings on wood. With an Introduction on General Anatomy and Development, by T. Holmes, M.A. A new American, from the eighth and enlarged London edition. To which is added Landmarks, Medical and Surgical, by Luther Holden, F.R.C.S., etc. Philadelphia, Henry C. Lea, 1878. 8vo, leather, pp. 983.

Little need be said in introducing this new edition of the most popular anatomy in the language. The same features which have given it its precedence above all other text books on the subject of Anatomy are carefully preserved, and under the competent editorship of Dr. Dunglison for this side of the water, and Mr. Holmes for the other, the student may be sure neither errors have been allowed to creep in nor any omission of importance has occurred. In microscopical anatomy various new descriptions and illustrations have been inserted, and the idea of adding Holden's *Landmarks* was a good one. They illustrate, in a happy manner, the points of external anatomy of every day use, and should be studied in connection with a general treatise on the subject.

The illustrations are carefully printed, and the mechanical part of the work, the paper, printing and binding, are of the best quality. So long as the new editions of Gray are produced so carefully as this one it will continue to hold its own against rivals.

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IS IT BEST TO EAT LITTLE OR MUCH?

Among the periodical discussions of the lay press, is that on the question of food. About once a year an article appears, and is widely copied, on the economical and sanitary advantages of living on "next to nothing;" and the superior morality of avoiding all stimulants, condiments and sedatives.

This summer the model man turns up in Ohio. He writes to a local paper how he can live, work and keep well on a diet which costs, all told, ten or twelve cents a day. For example—

"For breakfast, five Graham gems, with butter; no inconvenience or hunger followed—cost *three cents*. Dinner, ¼ ℔ rice, one ounce each of sugar and butter; a good meal—cost *five cents*. Supper, ¼ ℔ corn meal, ½ pint milk—cost *three cents*. One day's cost 11 cents. For a change, one gill of beans, which by the quart, cost less than half a cent."

The correspondent claims to have worked hard, ate nothing between meals, is renewing his age and youthfulness, and only dreads the lonesomeness to be experienced by living to a very great age.

He is rivaled by an English physician, Dr. T. L. NICHOLS, whose experiences are given in the scientific journals of that country. He found himself in excellent condition on a diet of bread, milk, fruit and vegetables, amounting to eight and a quarter ounces a day, and costing rather less than sixpence a day. A few weeks' experience proved to him this amount was excessive in quantity and extravagant in cost, and by substituting cheese for the milk, and retrenching elsewhere, he brought the weight of food down to seven ounces, and a cost of two pennies (four cents) a day! He reported that "nothing could have been better than the effect of this diet upon him. His digestion was simply perfect, and the action of the whole system as good as it could be. He had taken the diet without stimulants, and had experienced a constant increase of health and strength, and his weight had remained about the same." He considered that 12 ounces per day is the maximum of food that should be taken by any one, while eight or nine ounces is sufficient for the large majority.

It is to be hoped that generalizations from experiments of this kind will be confined to books, and to individuals who wish to satisfy a thirst for knowledge by personal experience. There have been lamentably favorable opportunities of ascertaining the minimum food on which the average man can subsist; the famine in India, the armies of Europe and America, shipwrecks at sea, and eleemosynary institutions on land, have supplied a body of statistics on that subject, the teaching of which cannot be ignored by any intelligent and prudent physician. As Dr. WILLIAM BRINTON remarks, in his work on *Food* (p. 421), "The dietaries of jails, workhouses and other public institutions, corrected, as they have so often been, by the

ghastly hand of Death himself, have fixed the limits of the food necessary for health with an accuracy which, considering the price of the human lives that have been paid for it, ought surely to satisfy the most rigid economist."

This limit is at least three times that which Dr. NICHOLS gives, and we would warn all who feel tempted to follow his plausible theories that more than one physician has fallen a victim to the desire of ascertaining the minimum quantity of food necessary for life. Insufficient nutrition, carried on for some months, often leaves behind it incurable disorders of the alimentary system far more serious than the slight amount of hunger and emptiness experienced seemed to presage. The quantity needed varies with the waste of the system, and this depends on the activity of life; the nature of muscular exertion; the state of the mind; the climate, race, temperament, education, etc., which go to make the individual what he is.

"Always to leave the table hungry," as recommended by an old Scotch physician of eminence, is a piece of most mischievous advice. Rather it is sounder physiology always to eat a little more than the appetite demands; and to be led thereto, to have such delectable dishes and tempting tidbits served at the close of the repast as all skilled cooks delight in preparing. Brain work, especially, needs a full and nutritious diet, and those who have distinguished themselves most in this field have, as a rule, been valiant trencher knights, and taken an active interest in the pleasures of the table.

—Dr. Angel Marvaud, who has already received one prize, receives now, from the French Academy, the Itard Prize, for his warm advocacy of Tea, Coffee, and Alcohol, as "aliments d'epargne." Beaumarchais had already said that "to drink without being thirsty" is one of the privileges of humanity; and Mantegazza and Marvaud are of the opinion that the use of drinks as "mere stimulants" is a special and useful prerogative of man.

NOTES AND COMMENTS.

Therapeutical Notes.

BORAX IN CLERGYMAN'S SORE THROAT.

A writer in the *British Medical Journal* says he has found the best results in this obstinate form of sore throat, from the topical application of a saturated solution of borax, applied by an atomizer, for several minutes at a time, three or four times a day.

WATER INJECTIONS IN CHRONIC DIARRHŒA.

In the *American Journal of Medical Science*, July 18th, 1878, Dr. M. J. B. Messemer urges the value of cold water enemata, as a therapeutic agent in chronic diarrhœa. He has found these cold injections astringent.

THE VIBURNUM PRUNIFOLIUM IN DISEASES OF WOMEN.

This drug is extolled by Dr. W. L. Dinkins, in the *Virginia Medical Monthly*, July 1878. He especially praises it in the bad state of health consequent upon the change of life, for it is in those cases that it has been most useful in his hands. In profuse hemorrhage during the critical period, it seems to answer better than the preparation of opium, as a uterine sedative.

THE OXYURIS VERMICULARIS.

Dr. Q. C. Smith, in the Nashville *Journal of Medicine and Surgery*, has found injections of hot tar soap suds, followed by weak solutions of sulphate of zinc, very efficacious in destroying these parasites.

The Health Lift as a Means of Exercise.

This much advertised machine has met with another critic in Dr. R. B. Davy, of Cincinnati. In an article in the *Lancet and Observer*, he says:—

"After reflecting on the subject, I have come to the conclusion that its claims are, in the main, groundless, and its use, in some respects, unsafe. The fact that it is in-door exercise, and brings only a part of the muscular system into action, with a liability to produce apoplexy, hernia, etc., is quite enough to bring it into favor with the knowing ones."

Instances of Deficient Renal Elimination.

It has been ascertained that in cases of albuminuria the kidneys are impermeable to odors—*e. g.*, turpentine and asparagus fail to

communicate their peculiar odors to the urine in such cases. In a recent thesis M. Chauvet has collected observations showing that serious results may follow from active drugs when elimination is defective, and also how the mode of elimination of certain drugs is materially modified by the existence of disease of the kidneys. For example, the elimination of bromide of potassium which, in a healthy subject, is completed within twenty hours after suspension of the medicine, continues for thirty or thirty-five hours when the kidney is diseased. The susceptibility of albuminuric patients to mercurials is well known to most practitioners.

The Use of Thymol.

Thymic acid and thymol can now be had of our leading druggists. It is recommended for use with "Lister's Antiseptic Dressing," in proportion of 1 part to 20 of glycerine and 100 of water. This solution does not affect the instruments nor benumb the hands of the operator. As a local application, it is especially useful, proving not offensive by its odor, like carbolic acid, while at the same time it is more effective, and can be used in smaller quantities. The following formulæ have been suggested:—

Glycerole of Thymol.—Thymol, 1 part; glycerole of starch, 100 parts.

Thymol Lotion.—Thymol, 1 part; alcohol, 4 parts.

Ointment of Thymol.—Thymol, 1–4 parts; lard, 100 parts.

The Specific Gravity of Brains.

Two Italian physicians, Drs. Colombi and Pizzi, have carefully examined the specific gravity of the brain in seventy post-mortems. They find it 1.023 for men, and 1.018 for women; but these figures also vary considerably according to age, the average (for both sexes) being 1.019 up to fifteen years of age, 1.026 between fifteen and forty-five, and 1.017 afterward. The brains of insane patients vary considerably on either side of these figures, the lowest they have observed being 1.013, the highest, in one containing many nodules of sclerosis, 1.044.

Fever as Curative of Insanity.

In a late number of the *Rivista Clinica*, of Bologna, Dr. Raggi gives a detailed account of the relations of *pyrexia* to insanity. He does not throw any light upon the temporary improvement which so often in chronic lunatics accompanies febrile diseases, or the permanent cure which these sometimes produce. But he shows, by their diversity, that the pyrexia is the one efficient factor in such cases; and he suggests that probably the good results of violent counter-irritation may be due to the fever with which it is accompanied.

Hydrate of Chloral in Diphtheria.

Dr. R. L. Moore, of Minnesota, writes us:—"I have been in the habit of using a saturated solution of hyd. chloral in water, as a gargle, in treating this distressing disease, and have found it to be a splendid addition to our remedies. Last year I treated about 140 cases, losing seven of this number. The chloral solution served us well. Order it used as a gargle, or by atomizer, before taking every dose of medicine, and before taking nourishment of any kind."

The Climate of Northern Georgia.

A writer in the Boston *Medical and Surgical Journal* extols the climate of Northern Georgia as a most suitable winter climate for invalids. He says: "I know of no European climate at all comparable to this." He has particular reference to the environs of Augusta and Summerville. Augusta itself is in a swamp, but the adjacent high lands are very desirable spots. For full information he refers to Dr. James' "*Handbook of the State of Georgia.*"

Large Consumption of Opium.

In the Maryland *Medical Journal*, June, 1878, Dr. Chisholm related a case of a man who had taken ʒij of morphia at once, without any bad effect. A child of eight months regularly took f.ʒij of Magendie's solution in the twenty-four hours. These facts illustrate the remarkable tolerance produced by habit.

On Bromide of Potassium.

Dr. Adriani has made some experiments on dogs, from which it would appear that the muscular weakness, giddiness, and apathy so often observed during the administration of bromide of potassium, are probably due to an admixture of the bromate of potash. He has considerable faith in the curative action of the bromide in epilepsy, but considers it often necessary to push it to seven and a half drachms a day, and continue its use for months or even years.

Correspondence.

Position in Forceps Delivery, and Venesection in Eclampsia.

Ed. Med. and Surg. Reporter:—

The following case contains two features of medical interest. Mrs. M., aged twenty years, primipara, being, according to her computation, at the completion of her term, discovered the approach of labor at 11 P.M., June 23d. Dr. J. D. Collins arrived at 5 A.M. the 24th; found labor increasing, both in frequency and force, but patient restless, pulse frequent, countenance somewhat livid and anxious, os dilating. At 6 A.M. patient was seized with a puerperal convulsion. Dr. C. used morphine and atropia hypodermically. At 9 A.M. another eclampsia occurred, when a messenger was dispatched for instruments, and I reached the bedside at 11 o'clock A.M. Labor had so far progressed as to give hope of speedy delivery without the use of forceps. Occiput of child now pressing perineum; in this condition it remained until 1 o'clock P.M., when the bluish condition of skin, twitching of muscles, and snapping movement of eyelids, indicated the approach of another convulsion. It came on speedily, more severe and frightful than the former had been. The patient was drawn to and turned completely on the left side. Stertorous breathing; complete unconsciousness. Dr. C. now proposed that I apply the forceps, as the patient was then lying on her left side. This, to me, was a new position for the application of forceps. I saw, however, that an assistant might better control the movements of the lower extremities of the patient while well flexed upon the body. I succeeded in applying and locking the long forceps with quite the same facility that I had usually applied them while my patients occupied a position on the back. I found this advantage in the position on the side: With my right hand to manipulate the forceps and make the necessary traction, my left hand was free to grasp and make pressure on the distended and bulging perineum. I could the better discover where the head of the child or the forceps were making undue pressure, and by appropriate movements give direction to the approaching head and relieve the pressure. The delivery was quite speedily accomplished, without the slightest unfavorable result to mother or child. The second feature of interest will be found in the treatment of post-partum convulsions.

At two o'clock P.M. I left the patient in the hands of Dr. Collins, and apparently doing well. Dr. Collins soon left for his home, some eight miles distant. At three o'clock P.M. the patient was seized with a third convulsion, and before they could cross the river and convey me to her residence she had a fourth convulsion, after which she had taken a half-hour's heavy sleep. Her face was much swollen, of a dark bluish hue, twitchings of the muscles of the face and limbs, and every appearance of another approaching convulsion. The morphine and atropia had failed to control them, and as there had been but little hemorrhage following the delivery I resorted to bloodletting for relief, and opening a large orifice in the arm, took twenty-eight ounces of blood at one time, with the following observable results: when sixteen ounces had been taken the patient became more composed, relaxed, and gradually, as the next twelve ounces flowed, the dark blue color of the face was seen to fade out, and at the end of the bleeding the face had assumed a natural paleness; fifteen grains of chloral gave four or five hours' quiet sleep, when she awoke with consciousness restored. She had no more convulsions. The good effects of bloodletting in this character of eclampsia were unmistakably manifest in this case.

J. W. Compton, M.D.

Evansville, Ind., July 31st, 1878.

Electro-Therapeutics.

Ed. Med. and Surg. Reporter:—

I was much pleased in reading Dr. Blackwood's article on Electricity in the Treatment of Diseases, in a recent number of the Medical and Surgical Reporter. The profession in this section generally neglect it, and of late years it has almost fallen into disuse. I remember, years ago, I had Smith's battery, and a patient came to me, having rheumatism in the right arm, so severe that the joints were temporarily useless, but a few applications of electricity for three or four days entirely cured the arm, without any other agent whatever. I experimented with it in other forms of disease with good results; but the battery became defective, and I quit using it. I am satisfied that if the profession would give more attention to electro-therapeutics, they would be well repaid. One cause of the neglect is that there are so many worthless batteries, and so little is taught of its proper application in disease. One thought struck me, after reading the article in question, and that was that there is a popular demand to know more about its therapeutic effect; and another that it were desirable, if possible, to invent a "pocket battery," for the special use of country practitioners. For city use the present ones may do, but they are too inconvenient for the country practitioner; hence their neglect of this important agent.

This proposition should receive general attention, and I trust the day is not far distant when this potent agent will be in the hands of every physician. Were some one to invent such a machine, I would take one hundred of them, for I believe the physicians out west would all have one. I am penning these thoughts to awaken an interest in this important subject.

John A. Heming, M.D.

Red Key, Ind., August 8th, 1878.

—The rank of Major-General has been conferred on Professor von Langenbeck, of Berlin.

News and Miscellany.

American Dermatological Association.

The next annual meeting of the American Dermatological Association will be held at the Grand Union Hotel, Saratoga Springs, New York, on the 27th, 28th, and 29th of August. Many important papers will be read. Regular practitioners are cordially invited to attend the meeting. R. W. Taylor, M.D., *Secretary.*

The American Laryngological Association.

This is the latest addition to the specialist associations. We understand it is to have the following officers: President, Dr. Louis Elsberg, of New York; Vice President, Dr. F. H. Davis, of Chicago; Secretary and Treasurer, Dr. George M. Lefferts, of New York; Council, Drs. Clinton Wagner, of New York; William C. Glasgow, St. Louis; E. L. Shurley, Detroit; J. H. Hartman, Baltimore. The first meeting will be held in New York on the second Tuesday in June, 1879.

The Yellow Fever.

A virulent form of yellow fever has appeared at Port Eads, below New Orleans. Up to Aug. 10th the number of cases in that city were 431, with 118 deaths. Deaths from this disease have occurred at Memphis, Cairo, and Cincinnati.

A writer in the New Orleans *Letter* says, of the condition of that city—

"The streets are, in some portions of the city, especially in the French portion, in a very filthy condition, and the offensive odors arising from the gutters, are enough to breed every form of pestilence. Carbolic acid and other disinfectants are being freely used by the city authorities, to prevent the spread of the infection, but so long as their praiseworthy efforts have not the co-operative support of the citizens they will not avail against this formidable enemy."

Leprosy in California.

Two cases of leprosy among the Chinese in San Francisco have given rise to considerable apprehension. One of the lepers was found lying, abandoned, in the street, in the Chinese quarter of the city, and his countrymen passed him by in throngs, refusing to give him relief in any form, or to touch him. He was placed, by white men, in a fruit wagon, from which a load of oranges had just been sold, and was taken to the Chinese Hospital, but was there denied admission. He was then taken to the hospital of the city prison. The other leper was discovered in the jail, and was utilized as a lecture specimen by the Academy of Sciences. These cases will show whether the fear of contagion displayed by the countrymen of the sufferers is well founded, for the two wretches were freely handled by white men.

New Pharmaceuticals.

UNGUENTUM PETROLEI.

This is the name now given to the petroleum derivative formerly called cosmoline. We have made extensive use of this substance, and find it the very ideal of an oleiform substance, beautiful in color, neutral in reaction, unchangeable through exposure, perfectly bland, soothing to the most sensitive surface, and of agreeable odor. Its use must become very extensive.

LACTOPEPTINE.

We can repeat, from a wider experience, the favorable opinion previously expressed of this aid to digestion. It certainly has surpassed, in our practice, any other we have tried. Whatever theoretical objections may be made to it, they are best met by the results of its actual exhibition.

Effects of the Heat in the Nevada Mines.

A writer in the *Enterprise*, of Virginia city, Nevada, gives a striking description of the effects of the great heat in the mines, on the men exposed to its action. The temperature in the shafts is from 120° to 130° Fahr. The writer says that this temperature, so far above the natural heat of the body, attacks it and causes the flesh to undergo the first stages of cooking. This happens to a miner the moment perspiration ceases to flow from the pores of his skin. The stomach is first affected, then the brain. As soon as this occurs the body begins to cook, and first of all, apparently, the brain, as the man at once becomes delirious—as wildly insane as any patient in a lunatic asylum. Cases of this kind occur much more frequently than is supposed or generally known. Of late they have been very frequent in the California and Consolidated Virginia mines. When a miner suddenly begins to rave or talk incoherently his companions "doctor" him. It is rough treatment they give him, but it is found to be very effective. The man affected is seized and carried to the coolest place in the vicinity, when he is bound hand and foot and put through a process of rubbing. The friction is applied to the stomach, which is found to be the seat of the trouble, and in which knots nearly of the size of a man's fist are found to have formed. These must be rubbed out, and as soon as they disappear perspiration again starts and the man regains his senses. The rubbing is sometimes done with a piece of gunny sack, but as this is liable to cause useless abrasion of the skin, a pick handle is preferred. To be rubbed down with a pick handle in the hands of a muscular miner is not such treatment as any man in his senses would be likely to greatly desire, nor does the miner, even in his delirium, desire it, therefore he is tied in such a way that he cannot resist. The miners say that they can bring a man out all right by their method of treatment in less than half the time that it can be done by "the doctor."

Frequency of Goitre in Maryland.

Dr. H. B. Wilson, of Boonsboro, Md., writes to the Maryland *Medical Journal*, for June—

"We have hundreds of cases of bronchocele throughout and near South Mountain; yet the water is exclusively soft; no malaria exists; the air is pure; few low and moist places are found; hard water has no show for its production. What, then, does bring it about? What cause makes it as frequent here as along the Alps or the Andes?

"I can imagine but one thing, but why it should take this particular direction, it is impossible to say. I refer to *cloud-poisoning*, and a state of the atmosphere which is experienced at times along these mountains."

Personal.

—Dr. Barsells, Professor of Medicine in the University of Kiel, died on June 20th.

—It is stated in the daily papers, that a physician, Dr. C. H. Thompson, starved to death recently, at Cairo, Ill.

—Dr. Robert Wright, of Centreville, Md., is now the oldest living graduate of West Point Military Academy. He graduated in 1818. He is eighty-one years old.

—Dr. Gusserow, of Strasburg, has accepted an invitation to a Professorship of Obstetrics and Gynecology in the University of Berlin. Dr. Hegar, of Freiburg, is nominated as his successor in the University of Strasburg.

—Dr. Matthew Alexander Eason Wilkinson, a very eminent British physician, has just died at Manchester, aged sixty-four. He married *en secondes noces* in 1834, Louisa, only surviving child of Mr. George Henry Walker and his wife Marrianne Hemmings, of Longford, near Philadelphia.

—The daily *Times*, of this city, gives the following personal:—Dr. Mary Walker is trying to recuperate with her two maiden aunts at Greenwich, Mass. She has added a brown straw hat and button-hole bouquet to her wardrobe, also a new pair of trousers and a box of cigars.

—Dr. Gabriel Bonnafy, a well-known surgeon in the French navy, journeyed from France to wed Miss Leopoldine Van Bever, the daughter of a Napa, California, merchant. Dr. Bonnafy became smitten with the young lady while she was visiting France. The ceremonies were performed in the Cathedral Notre Dame Des Victoires.

—A Parisian correspondent writes of Professor Charcot:—He is doing an immense private practice. The victims of various diseases from all quarters of the globe flock to Paris to avail themselves of his skill. It is impossible to obtain an interview with him at his house without attending for several consecutive days during his hours of reception. His engagements for visits and consultations usually anticipate all the available hours of a week, and frequently of a much longer period.

A Wise Charity.

Considerable attention has been devoted, of late, in Italy, to what is called the "patronato," *i. e.*, finding suitable provision and occupation for patients who are discharged recovered from asylums. In Venice, in particular, Dr. F. Salerio's last work was to establish workshops and a home for patients who had recovered, but who did not wish, or were not suited, to return at once to the outer world. Such a beneficent undertaking would be of great use in all large cities.

Items.

—Dr. James H. Lenow, city physician of Little Rock, Ark, says, in his annual report of the health of that city:—

"Had the still-born, the congenital, and the deaths at the —— Hospital, not been computed in our calculation, as is not usually done in other cities, our death rate would have been less than fifteen per one thousand."

—It has been noted, with great interest and with a great deal of truth, that throughout the entire heated season no sunstroke of a base-ball player, or of the persons who sat in the hot sun and cheered the players on, has been reported.

—Dr. Chopin, President of the New Orleans Board of Health, has issued orders that no more reports of new cases of yellow fever shall be furnished to the press. This is a weak and foolish policy.

—Sir William Gull has excited the ire of our British medical cousins by publicly stating his opinion that "there is no more infamy in a woman sounding a man, than in a man sounding a woman."

QUERIES AND REPLIES.

A. & Co., Ala.—There is no such disease as chronic hemorrhage from the liver. Chronic abscess may have been intended.

Dr. W. B. T., of Ga.—The iodated iodide of potassium has been used as an antidote to opium poisoning. Dunglison's "Practitioner's Reference Book" adds that it is not reliable.

MARRIAGES.

SHIVERS—PETERSON.—At Haddonfield, N. J., August 7th, by Rev. Joel Rudderow, C. H. Shivers, M.D., and Miss Annie D. Peterson, both of Haddonfield, N. J.

DEATHS.

FOWLER.—In Elmo, Texas, July 22d, 1878, of whooping cough, Eugene, son of R. Fowler, M.D., in the tenth year of his age.

SCHIRMER.—On July 8th, 1878, at Greenwich, Conn., ex-Coroner Dr. William Schirmer.

WOODRUFF.—At Elizabeth, N. J., on the 18th ult., Maria Burnett, wife of Dr. M. M. Woodruff and daughter of the late Rev. John R. Crane, D.D.

TAMAR INDIEN,

A laxative, refreshing, and medicated Fruit Lozenge, agreeable to take, and never causing irritation. Its physiological action assures the immediate relief and effectual cure of

CONSTIPATION, CEREBRAL CONGESTION, HEADACHE, INDIGESTION, BILE, HEMORRHOIDS, etc., etc., by augmenting the peristaltic movement of the intestines, without producing undue secretion of the liquids. Unlike pills and the usual purgatives, it does not predispose to intestinal sluggishness, and the same dose always produces the same effect, that is to say, never needs increasing. These properties render "Tamar" invaluable to the weak and debilitated, and especially to ladies previous and subsequent to their accouchement. It is recommended by the most eminent Physicians of Paris; notably Drs. BELIN and TARDIEU, who prescribe it constantly for the above complaints, and with most marked success.

Prepared by **E. GRILLON,** Pharmacien de 1ère classe, 27 Rue Rambuteau, Paris. To be had of all respectable Chemists throughout the world.

PEPTODYN.

The New Digestive is a combination of the whole of the Digestive Secretions—Pepsine, Pancreatine, Diastase, etc.,

Forming an invaluable remedy in the treatment of all forms of Dyspepsia, and diseases arising from imperfect nutrition.

N. B.—*The success of this Remedy has led to several imitations of it,* which consist largely of Milk Sugar, and, as compared with Peptodyn, are of little or no real value as digestive agents.

SAVORY & MOORE, 143 New Bond Street, London.

PARIS, 1867. 1868. 1872. 1873, VIENNA

Prize Medal.

Silver Medal.

Gold Medal.

Medal of Merit

BOUDAULT'S PEPSINE

IN POWDER, also WINE, ELIXIR, SYRUP, PILLS, AND LOZENGES OF PEPSINE.

Since the introduction of Pepsine by Boudault in 1854, **BOUDAULT'S PEPSINE HAS BEEN, AND IS STILL CONSIDERED, THE MOST RELIABLE,** as is attested by the awards it has received at the Exhibitions of 1867, 1868, 1872, 1873, and in 1876 at the Centennial Exposition in Philadelphia.

IT IS THE ONLY PEPSINE USED IN THE PARIS HOSPITALS.

Careful tests will enable any one to satisfy himself that **BOUDAULT'S PEPSINE HAS A DIGESTIVE POWER AT LEAST DOUBLE** that of the best Pepsines in the market, and that it is really the cheapest.

It is Sold in 1 ounce, 8 ounce, and 16 ounce Bottles.

Beware of so-called French Pepsines bearing fictitious names, and prescribe Boudault's only.

BLANCARD'S PILLS

OF UNCHANGEABLE IODIDE OF IRON.

Blancard's Pills of Iodide of Iron are so scrupulously prepared, and so well made, that none other have acquired a so well deserved favor among physicians and pharmaceutists. Each pill, containing one grain of proto-iodide of iron, is covered with finely pulverized iron, and covered with balsam of tolu. Dose, two to six pills a day. The genuine have a *reactive silver seal* attached to the lower part of the cork, and a green label on the wrapper, bearing the fac-simile of the signature of

Blancard

Pharmacien, No. 40 Rue Bonaparte, Paris.
without which none are genuine.

BEWARE OF IMITATIONS.

E. FOUCERA & CO., Agents,

NEW YORK.

TO PHYSICIANS.

THE scarcity and high prices of Cinchona barks and Sulphate of Quinia, and the prospect of only a slight reduction in these prices, makes the present a favorable opportunity of calling the attention of the profession to the *combination of all the bark alkaloids.*

Much attention has been given to this subject in Europe and India.

The growing appreciation by the medical profession of the United States of

CINCHO-QUININE

is due to the fact that it retains the important alkaloids IN COMBINATION, — a combination which in practice is *preferable to perfect isolation or separation* of these alkaloids.

In addition to its superior efficacy as a tonic and anti-periodic, it has the following advantages, which greatly increase its value to physicians : —

1st, *It exerts the full therapeutic influence of* Sulphate of Quinine, *in the same doses*, without oppressing the stomach, creating nausea, or producing cerebral distress, as the Sulphate of Quinine frequently does ; and it produces much less constitutional disturbance.

2d, It has the great advantage of being *nearly tasteless.* The bitter is very slight, and not unpleasant to the most sensitive, delicate woman or child.

3d, It is *less costly :* the price will fluctuate with the rise and fall of barks, but will always be much less than the Sulphate of Quinine.

4th, It meets indications not met by that Salt.

The following well-known Analytical Chemists say : —

"UNIVERSITY OF PENNSYLVANIA, Jan. 22, 1875.
"I have tested CINCHO-QUININE, and have found it to contain *quinine, quinidine, cinchonine, cinchonidine.* F. A. GENTH,
Professor of Chemistry and Mineralogy."

"LABORATORY OF THE UNIVERSITY OF CHICAGO, Feb. 1, 1875.
"I hereby certify that I have made a chemical examination of the contents of a bottle of CINCHO-QUININE ; and by direction I made a qualitative examination for *quinine, quinidine,* and *cinchonine.*
"I have tested CINCHO-QUININE, and have found and hereby certify that I found these alkaloids in CINCHO-QUININE.
C. GILBERT WHEELER,
Professor of Chemistry."

"I have made a careful analysis of the contents of a bottle of your CINCHO-QUININE, and find it to contain *quinine, quinidine, cinchonine,* and *cinchonidine.*
S. P. SHARPLES, *State Assayer of Mass.*"

TESTIMONIALS.

"WELLFLEET, MASS., Nov. 17, 1876.
"I have used CINCHO-QUININE, and can say without any hesitation it has proved superior to the sulphate of quinine. J. G. JOHNSON, M.D."

"MARTINSBURG, MO., Aug. 15, 1876.
"I use the CINCHO-QUININE altogether among children, preferring it to the sulphate.
DR. E. R. DOUGLASS."

"LIVERPOOL, PENN., June 1, 1876.
"I have used CINCHO-QUININE, obtaining better results than from the sulphate in those cases in which quinine is indicated.
DR. I. C. BARLOTT."

"RENFROW'S STATION, TENN., July 4, 1876.
"I am well pleased with the CINCHO-QUININE, and think it is a better preparation than the sulphate. W. H. HALBERT."

"ST. LOUIS, MO., April, 1875.
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CONTENTS:

ORIGINAL DEPARTMENT.

LECTURE.

FLINT, AUSTIN, SR.—On Pulmonary Phthisis—Hæmoptysis from Vicarious Menstruation; Fibroid Phthisis; Tuberculosis of the Lungs; Formation of Cavities; Arrest of the Disease; Removal of its Products..... 155

COMMUNICATIONS.

COHEN, J. SOLIS.—A Case of Second Development of Papillomas in the Larynx Seven Years after Evulsion of Primary Growths; with some Clinical Remarks Pertinent to Recurrence.... 159

REYNOLDS, DUDLEY S.—Some Observations on Optical Defects, and their Correction with Spectacles..... 161

HALL, CHARLES H.—On the Vomiting of Pregnancy..... 162

HOSPITAL REPORTS.

Jefferson Medical College Hospital.—Cases from the Clinic of Prof. Gross—Dislocation of the Tibia Forward on the Femur; Lymphadenoma 164

EDITORIAL DEPARTMENT.

PERISCOPE.

Medical Uses of Carbolic Acid..... 166
Cleanliness in Surgery..... 167
The Use of the Cold Bath in Febrile Diseases.... 167
Tracheal Injections in Croup..... 168
Salicylate of Soda in Rheumatic Fever..... 168
The Pathological Traces of Pulmonary Hemorrhage..... 168
The Temperature in Pleurisy..... 168
The Value of Quinine Solution in Vesical Irritation..... 169
Treatment of Hydatid Cysts..... 169
On Retention of the Urine in the Female..... 169
New Operation for Removal of the Penis..... 170
Treatment of Typhoid Fever..... 170

BOOK NOTICES.

Vortrægé aus dem Gesammtgebiete der Augenheilkunde für Studirende und Ærzte (Mauthner)..... 170

EDITORIAL.

PLANS OF RESTRAINING GROUNDLESS SUITS FOR MALPRACTICE..... 171

NOTES AND COMMENTS

Scrofulous Patients..... 172
Edison's New Ear Trumpets..... 172
Treatment of Ununited Fracture..... 172
Warm or Cold Water in Fevers..... 172
The Nature of Syphilis..... 172
A Man Who Burst..... 173
A Study of Tremor..... 173
Shooting With Water..... 173
Therapeutical Notes.—Phosphate of Ammonium in Diabetes Mellitus; Chloral Plaster; Sulphate of Sodium in Chronic Carbolic Acid Poisoning; Salicylated Ointment in Eczema..... 173
Rules for Hypodermic Injections of Morphia.... 173

CORRESPONDENCE

The Opium Habit—No. 2 (Gould)..... 174
Curious Result of a Bee Sting (Pennell)..... 174
Galvanic Treatment of the Ulcerated Os Uteri and Vaginal Leucorrhœa (Herrick)..... 175

NEWS AND MISCELLANY.

Animal Vaccination in Prussia..... 164
Central Nebraska Medical Society..... 176
The Yellow Fever and Its Rational Treatment.. 176
The Education of the Blind..... 176
A Real Apostle of Temperance..... 176

OBITUARY.

Dr. Charles C. Woodworth..... 176
MARRIAGES AND DEATHS..... 176

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THE

MEDICAL AND SURGICAL REPORTER.

No. 1121.] PHILADELPHIA, AUGUST 24, 1878. [Vol. XXXIX.—No. 8.

Original Department.

Lecture.

ON PULMONARY PHTHISIS.

Delivered at Bellevue Hospital, New York, May 23d, 1878.

BY PROF. AUSTIN FLINT, SR.

Reported Expressly for the Medical and Surgical Reporter.

Gentlemen:—I propose, this morning, to engage with you in some brief studies on the subject of phthisis; and, in the first place, it would be well for us to inquire what is meant by this term. At the present time, as you are aware, there are many different expressions employed to denote different phases of it, and a variety of really different affections are included under it. Still, I doubt if there is any practical advantage in attempting to subdivide the subject minutely, and thus multiplying the number of terms which it is necessary to use in connection with it. I shall, therefore, confine myself, to-day, almost entirely to the consideration of what is ordinarily understood as the disease, pulmonary or pneumonic phthisis.

There is, I may remark, in passing, an affection which is not usually identified with this, and yet has certain characters in common with it, viz., acute miliary tuberculosis. In its main features, however, it differs widely from it; being characterized by an enormous deposit of tuberculous matter throughout the entire extent of both lungs, which produces the most profound effect upon the general system, and rapidly destroys life, on account of its mechanical interference with the function of respiration.

Then there is another form of disease which is frequently embraced under the designation of phthisis, but which differs widely from what is ordinarily known as pneumonic phthisis, and that is, fibroid phthisis, or cirrhosis of the lung. A better name for it would be sclerosis of the lung, and I think it would be a great improvement to substitute the term sclerosis for cirrhosis when in any of the organs of the body there is, or has been, going on that form of inflammatory action which is attended by an abnormal development of cellular tissue.

Irrespective of these, however, we have a disease which, without going into any histological minutiæ, we may say is characterized by a peculiar exudation, ordinarily yellowish in color and of a cheesy consistence. This is tuberculous matter, and it may vary very greatly in quantity, mode of distribution, and some of its physical characteristics. It may accumulate to such an extent as to give rise to a considerable amount of consolidation in the lung, or it may collect in small masses; or, again, be quite widely disseminated in single tubercles. It shows a decided predilection for the upper part of the lungs, and though at first it ordinarily affects but one lung, later on it becomes developed in the other also. After a time it undergoes a process of softening, and at length becomes reduced to the form of a liquid. Accumulations of such fluid are then sometimes denominated tuberculous abscesses. In the great majority of instances they open into the bronchial tubes, and, as a result, we have emptying of their contents and the formation of cavities. More rarely they empty into the pleural sac. This is a brief sketch of the ordinary history of tubercle in the lung.

To-day I wish merely to call your attention to some points in reference to diagnosis and prognosis. From the symptoms above we cannot always decide, in any given case, whether phthisis exists or not, or, at all events, not with positive certainty. Ordinarily, where there is any doubt, the diagnosis lies between phthisis and chronic bronchitis, and it requires a physical explanation to show the true state of affairs. What, then, are some of the signs by which we may recognize tuberculous disease?

There is usually slight solidification at the apex of one lung, or, if on both sides of the chest, more marked in one lung than in the other. In forming an opinion of such a solidification we must, of course, always take into consideration the history of the case also; and, indeed, in most instances when the history points toward phthisis, it is not difficult to arrive at a correct diagnosis. The solidification of the pulmonary tissue is indicated by dullness on percussion, bronchial or bronchovesicular respiration, increased vocal resonance, or, perhaps, bronchophony, increased vocal fremitus, and exaggerated bronchial whisper. In judging of such signs you must remember that we ought not to neglect to make due allowance for the normal differences between the two sides of the chest. Of course, it is always a matter of great importance to the patient for us to determine whether, in any case, we can exclude phthisis, and, therefore, it should be our aim to become as familiar as we possibly can with the physical signs presented by the chest, both in health and disease. If, after a thorough explanation, we can find only evidences of chronic bronchitis, we can at once reassure our patient, for this is an affection of comparatively trifling seriousness, or, at all events, involving no immediate danger.

The signs of phthisis just alluded to are those characterizing the disease in the first stage, or before any cavities have been formed; the second stage is marked by the existence of one or more cavities, and when we suspect that the tuberculous trouble has gone on to this stage, we naturally look for cavernous signs. Among these are, cavernous respiration, amphoric respiration, gurgling, and amphoric voice and resonance on percussion.

This disease is interesting from various points of view, and one of the most interesting things in connection with it is the fact (on which I have not the time to dwell to-day) that it naturally tends to recovery, or at least tends toward a point where it remains stationary in the system. This will, no doubt, strike some of you as being rather a novel view to take of consumption; but the more I see of the disease, the more convinced am I that this point is well substantiated. In treating cases of it, therefore, our aim should be the recovery of the patient, and if this desirable result cannot be accomplished, we should endeavor to render the disease no longer progressive. This morning, I saw, for the first time since last Autumn, a patient, who at that time gave distinct evidence of the existence of cavities in the lungs. From the fact of there being no appreciable solidification of the tissue surrounding the cavities, however, I came to the conclusion that the case had ceased to be progressive, and consequently gave rather a favorable prognosis. Much to my gratification, when I made an examination of the chest to-day, I found that all the signs of the cavities had disappeared. The latter had become so much reduced in size as to give rise to no further apprehension, and the patient was practically well.

Case 1.—Hæmoptysis from Vicarious Menstruation.

The first patient whom I shall bring before you is a woman, who has been troubled with one of the most frequent and characteristic symptoms of phthisis, viz., hæmoptysis; and yet in her, I think, we shall have to look for some other explanation of the phenomenon. She is a widow, twenty-six years of age, and her family history is good. Six months ago she began to have spitting of blood, at the same time that she had a slight uterine hemorrhage; and since that date she has continued to have hæmoptysis returning periodically with the menstrual flow, which has always been very small in quantity since then. Careful attention has been paid to the clinical history, and a very thorough examination of the chest has been made here; and both have resulted entirely negatively, so far as any other evidence of pulmonary tuberculosis is concerned. We are forced to the conclusion, therefore, that we have here one of those very rare cases in which hæmoptysis is really vicarious.

In phthisis, as you are aware, the menses at length disappear, and it is a common idea among such patients and their friends that if the menstrual function were only to be restored they would soon be all right again. But, of

course, the truth is that the suppression is solely dependent on the tubercular disease, instead of the symptoms noticed being at all attributable to the suppression. In hæmoptysis in women, when there are no other signs of phthisis present, we will always do well to inquire whether there is a periodicity about the hemorrhage; but cases of vicarious menstruation, like the present, are exceedingly rare, and I only remember seeing one other of the same character.

Case 2.—Fibroid Phthisis.

I have not much time to dwell upon the next case, but it presents several points of great interest in connection with our study to-day. The patient's name is Hester M. She is twenty years of age, and was admitted to the Hospital nearly a month ago. There is no history of phthisis in her family; but she says she commenced to cough about three months since, and that she has had two hemorrhages from the lungs. Since admission her cough has been very severe, and accompanied by free purulent expectoration. She has also had copious night-sweats, which for a time resisted alum, atropia, and the use of baths, but are now controlled, to a great extent, by atropia. In addition, the temperature has been very high.

On making an examination of the chest we find evidences of solidification on the left side. Percussion here gives us just what is found in lobar pneumonia. There is vesiculo-tympanitic resonance, high in pitch, at the apex of the left lung in part, while behind, on the same side, there is absolute flatness over the whole of the lower lobe. On auscultation at this part we get bronchial respiration, with moist râles. We infer, therefore, that this is a case of fibroid phthisis.

But why, it may be asked, do we call this fibroid phthisis? Why is it not ordinary pneumonic phthisis? To this we may reply that it differs from the latter in several respects. In the first place the trouble commenced in the lower, instead of the upper lobe of the lung, and secondly, it was, from the first, very extensive. Then, again, it persists without the symptoms and signs which denote softening of pneumonic products, and the formation of cavities. This inflammation of the fibrous tissue of the lung is very apt to give rise to shrinking of the organ, and enlargements of the bronchial tubes, which sometimes closely resemble, and are quite liable to be mistaken for, cavities. In this patient there does not appear to be any clubbing of the fingers, but this is very frequently seen in cases of similar character.

This case illustrates in quite a striking manner the effect of quinidia in reducing temperature. She has been taking twenty grains of the drug a day, fifteen grains being given her in the morning, and five grains again in the evening. During a period of ten days in which she took it regularly in this manner the temperature ranged from 100 to 102 degrees, while, when it was discontinued for a few days, it ranged from 101 to 104 degrees. On resuming the use of the remedy, however, the temperature again fell; this time ranging from 98 to 101 degrees, although on one single occasion it did run up as high as 103 degrees.

Case 3.—Tuberculosis of the Lungs; Formation of Cavities; Arrest of the Disease; Removal of its Products.

The next patient is Michael D., twenty-seven years of age, and there is no history of phthisis in his family, as far as can be ascertained. His cough began a year ago, and he had hæmoptysis for the first time about four months ago. This has been repeated several times since then; and I may say, in passing, that such hemorrhages always afford strong ground for the suspicion of phthisis. The man has also complained of lancinating pains on both sides of the chest, and these are undoubtedly due to the occurrence of dry pleurisies, which are almost invariably concomitants of phthisis. There has been considerable emaciation (the patient having lost thirty-five or forty pounds), and beside, febrile movement, with night-sweats. We have here a case, then, which presents several of the strong diagnostic points of phthisis; but still, for the positive demonstration of the disease, its characteristic physical signs are also required.

Let us see, therefore, if these signs are present here, and if so, endeavor to determine at what stage the affection has arrived. In commencing the examination I would call your attention, incidentally, to the fact that the man looks pretty well about the face, that his color is good, and that the emaciation is at present not at all marked. In connection with these circumstances, it is interesting to note that the exploration of the chest does not reveal exactly the state of affairs which we would naturally

be led to anticipate from a consideration of the history and symptoms described by the patient. It is true that there is relative dullness on percussion at the apex of the right lung; but at certain points we get amphoric resonance, and this is because there are cavities in the lungs here. When the patient opens his mouth, and the percussion is continual, we get a distinct cracked-metal sound. Is this, then, characteristic alone of phthisis? By no means. Only to-day I met with a very instructive case in my office, in which the cracked-metal resonance could be obtained over almost the entire extent of the chest, and yet the patient's lungs were perfectly sound; this being their normal percussion-note in that particular instance.

One diagnostic point about the cracked metal sign in connection with phthisis, however, is that it can be only heard over a circumscribed area. Such is the case here, and in other similar cases.

There can be no doubt that this man has cavities near the apex of each lung, as indicated by amphoric resonance and the cracked-metal detonation on percussion. In addition, I find it quite possible here to make out the existence and the exact localities of some of the cavities, at least, by a simple inspection of the exterior of the chest; and this is especially the case on the left side. At a certain point there, I think you can all notice a depression, of circumscribed area, and that when the patient coughs there is a distinct bulging of the skin over this location. This is certainly an unusually satisfactory demonstration.

Now, the favorable point about this case, and one to which I would particularly call your attention, is that, since these cavities were formed the disease has not apparently progressed in the slightest degree. Since then there has been no fresh tuberculous exudation thrown out, and as a consequence, there is no solidification in the tissue surrounding the cavities. We can, therefore, take this as a sign of encouragement for the patient, and tell him that the disease is no longer progressive in his case, but will now have a retrograde tendency.

Case 4.—Tuberculosis of the Lungs; Formation of Cavity; Arrest of the Disease.

We have here, gentlemen, a patient who is confined to bed for the greater part of the time, and yet I think that I can say, with a considerable degree of confidence, that he is improving. His name is Charles M. He is a grain dealer by occupation, and a man of great intelligence, and was admitted to the hospital somewhat more than four months ago. He states that one member of his family died of phthisis. He began to have a cough in July, 1872, and it has continued ever since. In November of that year he had hæmoptysis for the first time, and he has suffered from it twice since then. On admission he was troubled principally with dyspnœa and debility, and his cough was accompanied with muco-purulent expectoration. He had lost considerable flesh, but did not suffer from fever, night-sweats, pain or vomiting. A physical exploration of the chest revealed evidences of a cavity, and also of some emphysema. The cough was, to a great extent, paroxysmal in character, and considerable dyspnœa attended it.

Since his admission the patient has certainly held his own, at all events, and, as far as I am able to judge, he has done even more than this. At the present time we find great dullness, on percussion, at the left apex, for the most part, though there is resonance at one point. This, however, is not vesicular, but tympanitic, in character, and is evidently due to the presence of a cavity. We do not always get amphoric resonance from cavities, because they sometimes contain sufficient fluid to modify the sound. Here we get the cracked-metal detonation with great distinctness when percussion is made while the patient's mouth is open. There is cavernous respiration in the upper part of the lung, but normal vesicular breathing below. As has been stated, the man has suffered a good deal from debility, and has been obliged to keep to his bed a great deal since admission; but I do not detect any evidence whatever of new development of the disease in his case. He has, therefore, a good deal in his favor; for, instead of being obliged to contend against fresh exudations of tuberculous matter from time to time, his system has merely to get rid of the products of the disease already deposited in the lung. During the warm weather, which will soon be upon us, I think he will be able to be up and go about more in the open air, and it will undoubtedly have a very beneficial effect upon him, so that I hope that when we come together again in the autumn our friend here, instead of being carried before us on a stretcher, will be fully capable of walking into the amphitheatre him-

self. I cannot impress upon you too strongly the beneficial effect of hope upon our patients; though in phthisis encouragement from the physician is less needed than in most other affections, since it has been almost universally remarked that this disease produces a hopeful effect upon the mind. In general, however, the encouragement of the patient ought to prove a very important feature of our treatment of disease.

Communications.

A CASE OF SECOND DEVELOPMENT OF PAPILLOMAS IN THE LARYNX SEVEN YEARS AFTER EVULSION OF PRIMARY GROWTHS: WITH SOME CLINICAL REMARKS PERTINENT TO RECURRENCE.

BY J. SOLIS COHEN, M.D.,

Lecturer on Laryngoscopy and Diseases of the Throat and Chest, in Jefferson Medical College; Physician to Jefferson Medical College Hospital, and to the German Hospital of Philadelphia, etc.

In June, 1870, I removed several masses of papilloma, as determined under the microscope, from the larynx of Mrs. J. M. R, now of Allegheny city, Pa. The growths occupied the anterior portions of the superior surface of both vocal cords, and the entire superior surface of the left ventricular band (false vocal cord) clear to the upper level of the aryteno-epiglottic fold. Aphonia was complete; there was some dyspnœa on exertion; hoarseness had commenced nearly two years before, after a cold (catarrhal laryngitis?), and the general health was good. The growths were removed by evulsion with forceps, in a series of operations at short intervals (of a day or two) as is usual; and the raw surfaces were then thoroughly cauterized with deliquesced carbolic acid.

The patient did well; the voice, which became sonorous as soon as the vocal cords were freed from the neoplasms, gradually became as good as ever, and so continued for more than six years; when, after a cold (catarrhal laryngitis again?), hoarseness supervened, and gradually became worse, until a moderate amount of dyspnœa on exertion, and sensations in the throat similar to those experienced a few years before, led the patient to believe that her larynx was again invaded by growths.

She returned to Philadelphia to consult me, early in November of 1877, and on laryngoscopic inspection, papillomatous growths were seen to occupy the right ventricular band, the posterior portion of the superior, free, and inferior surface of the right vocal cord, and the entire superior surface of the left vocal cord; the left ventricular band being free. Treatment by evulsion with forceps was at once instituted, as before, and the parts were gradually freed from abnormal growths, and then subjected to a number of thorough cauterizations with fused nitrate of silver (crystals molten on a roughened aluminium probe); but the treatment was much more protracted than in the first instance, on account of the position of that part of the neoplasm occupying the inferior surface of the posterior portion of the vocal cord, which I found extremely difficult to subject to effective manipulation.

The voice became sonorous as before, but was still somewhat hoarse when the patient left me, because the cauterization had not yet smoothed the surface of the right vocal cord. Several months afterward, in the latter part of May, 1878, during a meeting of the Medical Society of the State of Pennsylvania, at Pittsburgh, which I was attending, this patient called upon me, and her voice was in good condition.

I have reported but few cases of intra-laryngeal growths of late years, chiefly because there was nothing special to be learned from them. But my personal familiarity with the subject is sufficiently well-known to justify me in drawing some conclusions with regard to the recurrence of intra-laryngeal papillomas and the treatment requisite to prevent recurrence, which I deem particularly appropriate at the present time.

It is usually asserted that recurrence is very frequent. In my own practice recurrence has been quite infrequent, except in cases occurring in tuberculous subjects. I do not know the subsequent histories of the great majority of the cases in which I have removed papillomas from the interior of the larynx, because most of my patients have not been residents of Philadelphia or its vicinity; but as I am indebted for most of these same patients to the kind recommendation of brother practitioners, at home and abroad, it is quite likely that a large proportion of actual recurrences would be reported to me. In several instances, concerning which I have made special inquiry, the reply has

been negative as to any symptom of recurrence; and in several which I have had occasional opportunities of examining during a series of years, I am certain that there has been no recurrence. The few cases of recurrence that have come to my knowledge have, almost without exception, as far as I may trust my memory and the brief records of my case-books, been those in which the evulsion of the growths has not been thorough in the first instance. That incomplete evulsion has occasionally been due to lack of skill in manipulation, I am willing to admit, and I have been in the habit of sending cases which resisted my own efforts to other practitioners accustomed to intra-laryngeal operations, to test their manual dexterity, before abandoning the case to time and physiological resorption; but the most frequent cause of incomplete extirpation has been the premature withdrawal of patients from treatment, satisfied with more or less complete restoration of voice and ease of respiration, and anxious to return to their domestic or their business avocations. Even intelligent people, as all practitioners know, are often exceedingly stupid on medical subjects, and some of them are apt to impute improper motives to manipulations persisted in after freedom of respiration and clearness of voice has been reëstablished. Ignorance, therefore, want of confidence in the practitioner's prognostications, homesickness, and inability to afford the expense of maintenance from home, are, I believe, the main reasons why patients often stop treatment before the growths are thoroughly eradicated. (Some of them, indeed, come to town unprepared and unwilling to remain longer than a day or two.) The recurrence of papillomas, therefore, is, in my opinion, in the main, due to incomplete extirpation, or to inefficient cauterization of the tissues from which they have been torn. There is nothing in their structure threatening recurrence without apparent cause.

In the case herewith reported it will be seen that but a portion of the second batch of papillomas—those occupying the left vocal cord, can really be denominated "recurrent," that is, occupying the site of previous neoplasm. In 1870 growths occupied the anterior surface of the right cord, and the superior surface of the left ventricular band, both localities being normal in 1877; in 1877 growths occupied the posterior surface of the right vocal cord, and the right ventricular band, localities free from growth in 1870; in 1870 and 1877 growths occupied the left vocal cord, and, what is much to the point, in 1877 the patient reminded me that she left the city in 1870 in opposition to my advice, and that I had expressed want of entire satisfaction with the appearance of one of her vocal cords. Here, then, in this individual case, is strong evidence to prove that there was no recurrence in those localities where evulsion had been thorough, and that there was recurrence in those in which it had been incomplete; and furthermore, that the removal of primary papillomatous growths from one portion of the larynx is no immunity to the development of primary growths in other portions of the larynx. Some reputed cases of recurrence I know to have been new developments. A recurrence of the same cause that produced the initial disturbance that culminates in papilloma, will certainly produce papilloma in similar tissue at a later period. In the case here reported the cause was, in all probability, of the same nature that produced both the papillomas removed in 1870 and those removed in 1877; "cold," as expressed by the patient, *catarrhal laryngitis* as I infer, from her description.

The best method of eradicating papillomas of the larynx is their removal or evulsion with laryngeal forceps, and thorough cauterization of the points of implantation or growth with the laryngeal galvano-cautery. Soft growths in the upper portion of the larynx can sometimes be dug out or scraped off with the finger nail, as I have been able to do in a few instances. Sometimes, as specially announced by Voltolini, they are soft enough to be brushed off, as it were, with a sponge first passed into the larynx beyond them; sometimes, as we all know, they are soft enough to become detached in spontaneous paroxysms of cough. In the majority of instances, however, evulsion with forceps is requisite. If the growths are located beneath the vocal cords, there is usually so much difficulty in seizing them, that, if the services of a very skillful manipulator are not available, the best practice is to gain more direct access to the growths by exposing the crico-thyroid membrane, to cut this membrane free from the thyroid cartilage, and then to twist, cut, or pull the growths off with forceps, and cauterize the wounded tissue to prevent repullulation; maintaining the orifice in the larynx patent until satisfactory cicatrization has

been completed. If the growths are so situated that they cannot be well reached through the crico-thyroid space, division of the thyroid cartilage becomes requisite, to give more direct access to them. When the growths are above the level of the cords, except in rare instances, where skillful intra-laryngeal manipulation is beyond the reach of the patient, or has failed, and in emergency admitting of no delay, any external operation for their removal is, in my opinion, as unjustifiable, in the main, as incision of the walls of the abdomen and the uterus to remove a child, at term, which is susceptible to skillful delivery with the forceps. The patient would survive in either operation, most likely. Even when located in the ventricles of the larynx, growths can often be successfully extirpated through the mouth, if the ventricular band be first divided, to expose them.

Papillomas of the larynx removed by external operations are by no means less liable to recurrence than others as thoroughly removed through the mouth; and, as a matter of course, neither one operation nor the other can secure immunity from new growth in other portions of the larynx. The sacrifice of vocal cords and other laryngeal structures, for extirpation of benign papillomas of the larynx, recently reported from Great Britain, appears, to my mind, as far as I may judge from the published record, an unnecessary precaution against recurrence, to say the least of it, especially if, as is inferred from the report, no opportunity had been given to test the feasibility of their removal or destruction through the mouth.

1431 *Walnut street, Phila., Aug.*, 1878.

SOME OBSERVATIONS ON OPTICAL DEFECTS, AND THEIR CORRECTION WITH SPECTACLES.

BY DUDLEY S. REYNOLDS, M.D.,

Of Louisville, Ky.,

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An optical defect is a condition wherein the optical properties or refracting power of the eye is such that rays of light passing through the pupil are not focused in the bacillar layer of the retina.

The general divisions, hypermetropia and myopia, refer to conditions directly opposite each other; one being due to insufficient converging power in the crystalline lens, the other being due to an abnormal increase of the distance between the lens and retina.

In hypermetropia of high grade light is not focused at all; while in every form of myopia the light is focused before it reaches the retina; so that in both conditions the visual power is defective, for want of proper adjustment of the refracting media. Hypermetropia may be simple, uniform, irregular in the different meridians, or compounded with myopia; as, for instance, in the eyes of some a certain meridian is found to be hypermetropic, while the opposite meridian is myopic. Analogous complications are frequently found in myopic eyes.

The changes which are brought about by age limit the focusing power, or accommodation, thus diminishing the refraction and giving rise to a condition practically identical with hypermetropia. Hypermetropia less than one-twelfth is likely to be overcome by straining the accommodation power until the subject attains adolescence, except in those cases wherein the defective refraction is greater in one eye than in the other; squint arises from the unequal adjustment, the great strain upon the accommodation in the one eye used produces muscular æthenopia, or spasm of accommodation, and the patient is forced to seek relief. Where the hypermetropia is concealed by the excessive power of accommodation, Mr. Laurence thinks spasm of accommodation exists. This is far from the truth. Spasm of accommodation of the eye is one of those excruciatingly painful states often described as ciliary neuralgia, and cannot be relieved without removing the necessity for that strain which the defective refraction entails.

The almost universal practice of correcting only a part of the defect at a time, gradually increasing the power of the lenses until the error of refraction has been overcome, is not founded in reason, nor is it justified by any man's clinical experience. Donders says, and all the world bow in humble submission to his dictum, that where the error of refraction is different in the two eyes, glasses of equal focus should be ordered, in accordance with the defect in the eye least affected. This is an error; allowing that the accommodation is about equal in both eyes—and it has been observed to differ in the rarest cases only—whatever defect

of refraction may be found should be carefully and entirely corrected, testing always each eye separately; then the accommodative power has but the normal amount of labor to perform; and, no inharmonious work being required, every source of difficulty in the way of defective vision is removed.

Donders says where astigmatism amounts to less than $\frac{1}{40}$ its correction need not be attempted. This error has been a fruitful source of glaucoma; in many instances it has caused posterior staphyloma.

I have been often consulted by persons suffering with asthenopia, and sometimes with spasm of accommodation, who informed me they had been to some famous confrère, who had ordered glasses, and while some benefit had been derived, the weariness, or pain, had returned. Careful testing revealed irregular refraction of low degree, often as low as $\frac{1}{90}$; this being corrected, years of literary labor failed to reproduce the trouble, thus proving the necessity for full correction of the entire deficiency of refracting power.

On the 16th of October, 1876, I was consulted by a lad, thirteen years of age, who had been the rounds of the profession, receiving glasses from each specialist consulted, and, being still unable to read without pain, was obliged to quit school. He had been ordered spherical glasses, $+\frac{1}{30}$ to $+\frac{1}{60}$, all of which improved vision; but the pain would return, and, in a few minutes, reading became impossible. Using a four-grain solution of sulphate of atropia twice every day, in two weeks the pain had entirely ceased; the accommodation being fully paralyzed, I found astigmatism $= +\frac{1}{80}$ in the right eye, and $+\frac{1}{90}$ in the left. The spherical aberration being $= +\frac{1}{48}$ in the right eye, and $+\frac{1}{60}$ in the left. Compound cylindrical lenses adequate to the correction of these seemingly small deficiencies of refraction gave perfect immunity from pain or fatigue, and the lad has gone on with his studies uninterruptedly since he began to use the glasses.

In correcting defects of refraction it is always important to have the accommodating power wholly suspended. Where this is partially done, or not regarded at all, success is impossible.

That the advance of civilization is attended with an increasing number of near-sighted eyes, and that this is largely due to a lack of early correcting congenital defects of refraction, is no longer to be doubted. The more general diffusion of educational advantages calls for more general use of the eyes for near and accurate vision, and where errors of refraction exist uncorrected, the constant strain of accommodation so augments the tension of the eyes as to produce inflammatory changes in the posterior part of the globe, ending in staphyloma posticum, and its almost necessary accompaniment, myopia.

No mention is made here of that class of defects due to age, because presbyopia depends upon such senile changes in the structure of the lenticular body as tend to reduce the power of accommodation rather than to increase it, consequently, no serious effects are likely to result from neglecting to correct it.

The subjects herein briefly treated are of such great importance to the general practitioner, as well as the specialist, that I feel no apology is due from me for introducing a matter so purely scientific. There is too little attention paid to the early correction of optical defects, and too much aversion, in this country, to the use of spectacles. The sooner these prejudices are overcome, the sooner will there be a decrease in the number of blind people. And it is time the medical profession should cease to encourage the itinerant spectacle vendor, for no one but a practical ophthalmologist is competent to say when we shall wear glasses, what kind we shall wear, and how we shall wear them.

ON THE VOMITING OF PREGNANCY.

BY CHARLES H. HALL, M.D.,
Of Macon, Ga.

I send, for the REPORTER, the following case and remarks:—

June 7th, 1878. Mrs. —— is eight weeks advanced in pregnancy; has for two weeks had terrible nausea and vomiting. On two former occasions so extreme has been her danger from this cause that I was compelled to induce abortion, to save her life (this course was only adopted after consultation). On the 5th I thoroughly touched her cervix and os uteri with stick caustic, and at the same time placed her on sulphate of copper, grain one, to water, fluid drachms two, six drops every six hours. Previous to this, for a week, she had retained nothing in her stomach, a teaspoonful of water or brandy and ice being instantly rejected. Her sole nourishment was rectal. This treat-

ment was commenced at two o'clock on the 5th; that night she ate and retained the wing of a small chicken; for breakfast, next day, a leg, and some solid food each other meal. To-day she ate a piece of steak and bread. Although thus eating and retaining what she eats, she says her nausea is constant and not at all improved. Her bowels are regular, and her food evidently agrees with her, so I am content to wait.

June 17th. Three days after my last note in regard to this case a hemorrhage occurred, and I feared abortion; under the influence of fluid extract of black haw the hemorrhage ceased, and no abortion occurred. Simultaneous with the hemorrhage all nausea disappeared; that stopped, the nausea returned, with some vomiting. After Copland, I dilated, with my finger, the os, and gave half a drop of tincture of nux vomica every two hours. My patient is now taking her three meals a day, and I have every hope that her greatest trouble is over.

June 22d. Patient slightly nauseated, she says, all the time; yet she is cheerful, and eating and sleeping regularly.

June 26th. On the evening of the 24th she became suddenly intensely nauseated, and commenced retching, not being able to retain anything on her stomach. Yesterday, at four o'clock P.M., I again applied caustic. She ate breakfast this morning, and again dinner, yet not admitting that she was any better. (This seems to be her peculiarity.)

June 27th. Some nausea, but very bright, and good appetite.

June 29th. Stomach again rejecting everything, nausea excessive, etc. Applied electricity, one pole over epigastrium and the other over spine; no apparent relief; again prescribed nux vomica.

June 30th. Patient no better in any respect; very weak, intense headache. With a saturated solution of nitrate painted her os and cervix.

July 1st. No better, nausea extreme, cannot retain anything. Electricity over spine and abdomen.

July 2d. Found her very little better; had been able to retain a little milk. Reapplied electricity, and ordered fifteen grains of chloral per rectum every six hours.

July 6th. Since the morning of the 3d she has been retaining everything; has still nausea. Continued chloral.

July 8th. Doing well, but has some vomiting and very much nausea.

July 17th. She is doing well; has more or less nausea, though still in bed and unable to sit up, even in bed; but as she retains her food and is daily gaining strength, I consider her as no longer needing treatment.

There necessarily seems to be no settled principle for treating this very common affection; we must try, in succession, different remedies; and although we know many that have relieved, yet, in a given case it seems impossible to prescribe the right one by any indication presented. Ipecac, nux vomica, oxalate of cerium, etc., will each frequently relieve, yet I know no settled indications for one or the other.

In 1877 I saw a lady in consultation, whose suffering was so extreme that an abortion was deemed necessary by her medical attendant, he having tried a number of remedies. In her case examination revealed a slight version. She was placed in the genu-pectoral position, after Campbell's method, the version corrected, a ring pessary applied, and drop doses of wine of ipecac was ordered every hour; she was speedily free from nausea. I had recently a severe case, and as I was not allowed to examine, I empirically gave one remedy after the other; when the turn of nux vomica came, one-half drop every hour, the patient was soon well. Was the cure *post hoc* or *propter hoc?* This lady, that the nux vomica seemed to cure, did not appear to have lost much flesh, yet she said, and her friends coincided, that she ate very little, and apparently vomited up that little, and this for two weeks before I saw her, and certainly for two weeks after my visits began; there was, of course, some weakness. Hers was simply a sympathetic disturbance of the stomach, not one of those terrible cases (as my present patient) where it seems a horrible disease, and you are tempted to look for inflammation of the stomach to explain the apparently grave symptoms that certainly threaten life. I have witnessed one death from this vomiting.

My experience has taught me not to rely on remedies alone, but in conjunction with them, taking Graily Hewitt's advice, I correct any uterine misplacement that may exist, and, if necessary, apply a pessary. Since I have become acquainted with Campbell's genu-pectoral position and his method of self-replacement, I having once corrected the misplacement, instruct the patient how she may be daily her

own gynecologist. I rarely find a pessary necessary after a few days of this practice, and the patients experience a great deal of comfort from it. I have for more than twenty years been in the habit of applying either nitrate of silver or tinct. of iodine freely over the os and cervix uteri, either seeming frequently to break the link in the chain of reflex irritation that affects the stomach. I was very much surprised at seeing it presented, by Dr. Jones, of Chicago, through Dr. Marion Sims, in the London *Lancet*, as a new treatment. In May, 1855, I settled in Milledgeville, Ga.; my best friend and adviser was the late Dr. Saml. G. White, of that town, and it was his commonest prescription, saying, "attack the seat of the disease." He did not claim it as original, and I supposed he had read it in the journals. I afterward saw some similar suggestion in Bennett's work. I practiced it as early as 1857, after Dr. White's plan, using either the stick or the saturated solution as was most convenient. Thinking well, as expressed above, after long acquaintance with and frequent use of this procedure—I say frequent use because I have advised and prescribed it where the nausea was an annoyance (not a disease) and the patient desired freedom from it if possible—I cannot say that it acts "like a dose of quinine in ague." It failed signally in the lady's case above narrated, two years ago, and after its use, to save her life, we were compelled to induce abortion.

I send you this case, occurring just as Dr. Jones' article in the *Lancet* is being republished. It is a fair test case of this method of treatment. The lady having suffered so extremely in former pregnancies, I think we may legitimately place this method of treatment as all else that has been proposed in vomiting in pregnancy, as a means to be tried, but as presenting no more certain results than other therapeutical measures. It seemed in this case, on several occasions, to give great relief, yet the relief was very transitory, and finally it lost all controlling power. At last, having used the electricity and chloral contemporaneously, it is impossible to decide which was the most potent factor in relieving her.

Animal Vaccination in Prussia.

Dr. Pissin, of Berlin, publishes the statistics of his use of bovine virus. Of first vaccinations he succeeded in 90 per cent. of the cases; in revaccinations, in 42 per cent. In a number of the cases he used the virus suspended in glycerine.

Hospital Reports.

JEFFERSON MEDICAL COLLEGE HOSPITAL.

CASES FROM THE CLINIC OF PROF. GROSS.

REPORTED BY FRANK WOODBURY, M.D.

Dislocation of Tibia Forward on the Femur.

Victor D., 20 years of age, was brought from Ashland, Schuylkill County, by Dr. Bowen, with lameness of the left leg, produced by an injury seven weeks before. The case had only been under the care of Dr. Bowen for one week, who gave the following history: While ploughing, the horse ran away, throwing patient violently to the ground, where he lay unconscious for several hours. No statement could be obtained of the condition of the parts immediately after the accident, but there was great contusion of the left knee-joint, and a fracture having been suspected, the patient had been kept on his back, with extension upon the limb.

When brought into the clinic room, it was pronounced a luxation of the knee, the head of the tibia riding forward in front of the condyles of the femur—a rare form of dislocation. Of the four displacements of the knee joint, forward, backward, or to either side, the antero-posterior dislocations were pronounced the more frequent. All these dislocations, however, require direct violence, of powerful degree, in order to displace the bones, and are generally attended with more or less rupture of the ligaments and muscles, and sometimes of the popliteal vessels. Prof. Gross could, at the time, only recall one other case, from his long experience, where this condition existed. The former being a recent accident, he was enabled to reduce the dislocation by making extension and counter extension, placing his arm as a point of support under the condyles of the femur, while forcibly flexing the knee.

In the present subject, the accident having occurred nearly two months previously, the prospect of relief was not favorable. Upon examining the joint, it was seen to be larger than the corresponding knee, being particularly prominent in front and in the ham. The patella was movable, and lay above and to the outer side of the greatest prominence in front, which was thought to be the head of the tibia. Posteriorly the condyles and the intercondyloid notch of the femur were so clearly defined as not to admit of mistake. As the patient lay upon his back, the entire anterior outline of the left leg was elevated at least two inches above that of the right. The foot was rotated somewhat inward, so that the line of the foot was rather nearer to the middle line than normal, and the limb was shortened from one and a half to one and three-quarter inches. There was no marked œdema of the knee or of the ankle, and the skin

was discolored only at the back of the joint, where it was pressed upon by the condyles of the femur. The leg was very nearly in a straight line with the thigh, as the patient lay in bed.

In attempting to reduce a dislocation of this kind, it will be necessary to give chloroform, proceeding with caution in our manipulations, for fear of injury to the popliteal vessels. After having been on the stretch for some time, their walls may have undergone some inflammatory or degenerative changes, so as to render them unusually brittle. It would require but little effort to tear the vein across and seriously complicate the case; or the artery might rupture, or its tunics partially yield, occasioning a copious subcutaneous hemorrhage or an aneurismal tumor; both of these accidents have been produced in such cases.

We find that the limb admits of some flexion at the knee, but that it is rotated on its axis more readily and to a greater extent than normally, and also admits of lateral motion more than in the natural state. In making attempts at replacement, the muscular system being thoroughly relaxed by chloroform, extension and counter-extension are sustained by assistants, while the surgeon firmly grasps the leg below the knee, and flexes the joint on his left forearm placed in the ham. The parts yielded considerably, the leg forming almost a right angle with the thigh, but it was impossible to accomplish reduction. Caution was advised against too great force, on account of the danger of breaking the thigh bone. The compound pully was resorted to, gradually extending the limb so as to fatigue the muscles, but no better result was obtained; the objection being that manipulation and flexion interfered with the fixed extension. [At a subsequent clinic excision of the head of the tibia was performed, and the man obtained a useful limb.]

Lymphadenoma.

Ulysses B., four years of age. Notice particularly the child's pallid complexion, and in connection with it this tumor on the right side of the neck, which was noticed immediately after birth. The growth is very large, and is not tender; manipulation does not cause any signs of discomfort on the part of the little patient. The skin is movable over the swelling, and appears normal.

The child's general health gives the mother more uneasiness than the swelling. His appetite is capricious; he is losing flesh; has fever every afternoon; the symptoms becoming more severe, and the child failing rapidly during the last seven weeks.

Anæmia is a prominent feature in this case. From the hue of the skin and pearly conjunctiva, there is a deficiency of the red blood globules, and, doubtless, of fibrin. The relative preponderance of white blood globules, as a distinct pathological condition, was described simultaneously by Virchow, and by Bennett, of Edinburgh, and called leucocythemia by one, leukæmia by the other.

Lymphadenoma is liable to attack the glands of the neck, but may occur elsewhere, as in the lymphatics of the groin, mesentery or trachea.

In the course of the disease the pulmonary tissue is liable to be invaded by the growth of such tumors, presenting a structure resembling the mammary gland. The spleen is sometimes attacked, but rarely after the twenty-first year. How this morbid process is originally introduced is not definitely known. It may have been an inherited tendency, aggravated by the influence of cold, deranged digestion, or some vitiated secretion; but, however this may be, it is certainly connected with the disorder of the blood, though exactly in what manner no one has yet ascertained. An increase of the white blood cells takes place, similar to that occurring in inflammation. The red cells are diminished by some unknown process. Placing a hand on the surface of the tumor, we find that the skin feels hot, but elsewhere it is normal. This proves that morbid action is now progressing in the growth, that there is undue vascular and nerve activity, the greater amount of circulation causing heat and rapid development, which, unchecked, may continue until the tumor attains enormous size.

Referring to treatment, no satisfactory course has been devised; the case must be treated solely on general principles. The anæmia indicates some remedy to improve the condition of the blood, such as chalybeate tonics with quinine, the latter being needed both as a febrifuge and tonic. He shall take—

R.	Quiniæ sulph.,	gr.j	
	Tinct. ferri chloridi,	gtt.v	
	Syr. aurantii cort.,	ʒj.	M.

Sig.—Ter die.

The improvement of the blood will be insured by a nutritious diet of milk, cream, eggs in abundance, poached, soft-boiled or beaten up with brandy or whisky, at least two being given in the twenty-four hours; beef essence, barley bread and butter, in short, concentrated nourishment that admits of easy digestion. A teaspoonful of brandy may be given three times a day. As his tongue is slightly coated he shall take, for its alterative and antacid effects—

R.	Pil. hydrarg.,	grs.ij	
	Sodii bicarb.,	grs.viij.	M.

Ft. chart.

Sig.—To be taken every fourth morning.

The belly is tumid, due to flatulence and enlargement of mesenteric glands.

To the surface of the tumor an evaporating lotion shall be applied, acting on the principle of retarding growth by the abstraction of heat. A solution of acetate of lead (an ounce to the pint) shall be used, a piece of flannel being doubled, covered with oiled silk and wet four times in the twenty-four hours. The prognosis is generally as unfavorable as possible, and in this case we can scarcely hope for more than palliation.

Editorial Department.

Periscope.

Medical Uses of Carbolic Acid.

Dr. Peter Eade has an excellent article in the *Lancet*, from which we extract, as follows :—

The diseases in which I have found the carbolic acid especially useful are—1. All that class of local, festering, pustulating diseases of the skin which are at once so common and so difficult to cure. They include all kinds of pustules, boils, and carbuncle ; sycosis, pustular acne, and festering ringworm. 2. Such strumous sores (especially of the neck) as come under the care of the physician. 3 Excoriations of the os and canal of the cervix uteri. 4. Phthisis in its second and third stages, and cases of chronic bronchitis accompanied with more or less purulent expectoration.

I have said, that in order to be effective, the carbolic acid must be brought into contact with the part to be acted on, and I doubt not that in many cases where it has been found ineffective the failure has been due to a neglect to ensure this contact. In the pustulating and suppurating diseases of the skin I have mentioned it is never sufficient to apply the solution of the acid, of whatever strength, upon or to the outside of the skin. It must always be introduced into the interior of the sore or pustule itself, and so as to come sufficiently in contact with every part of the diseased surface. Of its efficacy thus applied I have now had a very considerable experience, and so certain am I of its curative powers in these cases, that I state, with the utmost confidence, that all cases of boils and carbuncles in their earlier stages can be absolutely aborted and cured, while even in later stages their further increase can be almost surely prevented. For this purpose a very strong glycerine solution should be employed, and it is best conveyed into the interior of the pustule, boil, or suppurating spot, by a new quill pen dipped into the solution, and introduced by a rotatory motion through its apex, where a sufficient aperture will generally be found. In carbuncles, which are necessarily larger, and have often several openings, several such introductions may be necessary, or, at a later period, threads of lint soaked in the fluid may be passed with a probe well into all the sieve-like openings. Occasionally, as when the mass is large and solid, a watery solution of the acid may be injected with a hypodermic syringe into various parts of the hardened growth. The same plan of treatment is often quite effective in cases of sycosis, pustular acne, and festering ringworm. And it is doubtless so because it destroys germs which, living in the involutions of the skin, are the essential cause of these various diseases. In the case of acne, and of boils and carbuncles, the essential dependence of these diseases upon vegetable germs has scarcely been demonstrated, but their mode of origin and growth, their whole life-history, and their curability by such local means alone, go far to prove that they, like other skin diseases, are due to the development in the cutaneous textures or glands of parasitic growth. As, however, I have already published in the medical journals several papers on this subject, I will not longer dwell upon it now. Not long ago it was stated that the development of the vaccine vesicle could be prevented by the application of carbolic acid to the vaccinated sore. If this is so, it would seem highly probable that the same kind of destructive influence would be exerted upon the small-pox eruption, if the acid were applied to the pustules before or during the process of their maturation. The process of introducing a little of the strong acid solution into the apex of each pimple would be tedious and disagreeable, but if effective, it might not only save much disfigurement, but possibly even life itself. Darkening of the patient's room, blackening of the face, covering up the pimples with wet clay (as practiced by some savage tribes)—all expedients for preventing the free development of the local disease—appear to diminish its virulence somewhat, and possibly this more direct interference with the special virus might do much more to mitigate its severity. Various applications to the general surface have been tried and failed more or less completely, and Velpeau has advised the cauterization of the individual pimples with solid nitrate of silver ; but I am not aware that carbolic acid has ever been fairly thus tried, and I recommend it to your consideration when cases of this dire disease come under your notice.

2. The healing of strumous sores may be frequently much expedited by the bringing into contact with their interior or open surface a sufficiently strong solution of carbolic acid ; and old stationary sores will often at once begin to heal when acid is so applied. So, too, when they are first opened, their immediate healing may sometimes be brought about by injecting into them a solution of the acid, and keeping the opening closed against the admission of air. This method of treatment, on a larger scale, has been advocated by Mr. Callender in the case of spinal abscesses, and some very successful results have been recorded.

3. In excoriation, or so-called ulceration of the neck of the uterus, the strong glycerine solution is a most valuable application, and in my hands has been far more efficacious than nitrate of silver or other usual caustics. In these cases the denudation of epithelium is, commonly, not only of the vaginal surface of

the os, but it extends up along the canal of the cervix, and often (as Dr. Playfair has shown) into the cavity of the uterus itself. I have found no ill effect from applying the strong glycerine solution freely, with a camel's-hair brush, within the cavity of the cervix; and, indeed, it is not only well and painlessly borne, but is often very effective in promoting the healing of the "ulcerated" surface. I have thought it possible that its undoubted efficacy may be partly due to a power of destroying any bacteria or other germs living in the uterine mucus, and by their presence irritating the secreting surface, and so preventing the formation of healthy covering epithelium.

4. In cases of phthisis which have passed their earliest stage, and in which the sputum is of a muco-purulent character, you have almost daily opportunities of witnessing the efficacy of carbolic acid inhalations. In three patients now in the hospital the cough has been greatly lessened by its use, while at the same time the secretion of purulent mucus has been greatly diminished in quantity. As you have seen, we employ it in the simplest fashion. We give the patient a solution of the acid in water containing ten grains to the tablespoonful. We tell him to add this to half a pint of hot (not boiling) water in a narrow-mouthed jug surrounded by a towel or handkerchief, and then to inhale this for about ten minutes; and we order the inhalation to be repeated three, four, or five times in the twenty-four hours, according to the necessities of the case. The inhalation can, of course, be made through any ordinary inhaler, or it can be used with the acid in more concentrated solution, or in the form of spray; but I have found the above method not only simple and always available, but perfectly efficacious.

Cleanliness in Surgery.

Mr. G. W. Callender, of St. Bartholomew's Hospital, London, believes that the main if not the sole merit of the "antiseptic" treatment is its cleanliness. In a late number of the *British Medical Journal*, he writes:—

In illustration, the case of a patient aged 16 may be referred to. For the treatment of a severe case of genu valgum, I opened the knee-joint, and with a saw separated the internal condyle of the femur from the shaft of the bone. The condyle being displaced upward, the limb was easily brought into the straight position, and in that position was secured by a long splint (Dr. Ogston's operation). The wound, which admitted at one and the same time the long knife used for penetrating and dividing the soft parts and a stout saw, had a depth of about three inches, and where the skin was divided, a length of about one inch. No carbolic or other spray was used at the time of the operation, or at any time subsequently. The wound was covered with a doubly-folded piece of lint soaked in carbolized oil (1 in 12); over this was placed a large piece of lint, likewise soaked in oil; and over all a yet larger surface was covered with some ordinary gutta-percha tissue. The dressings were examined daily, the gutta-percha tissue being lifted and the outer layer of lint being changed, the gutta-percha being then replaced. The inner layer of lint was left undisturbed on the wound for three or four days, being each day refreshed with carbolized oil (poured upon it or painted over it with a camel-hair brush). Whenever this layer of lint was changed, the wound was freely exposed to the air. The patient got well without any constitutional disturbance, and the parts healed in the ordinary course. Treated in a similar manner, there are at this time under observation in one of my wards a severe compound fracture of the femur into the knee-joint, and two cases of compound fracture of the leg; in one of the latter, it was not necessary to disturb the inner layer of lint for nine days after its first application.

Of course, these are but casual illustrations, from many similar cases, to show how a very simple plan suffices to ensure that condition of cleanliness which is essential to the sure and rapid healing of severe wounds, or wounds inflicted upon parts which it was formerly considered hazardous to involve in operations. With this cleanliness must go "rest," and with this will be ensured "ease," and when deep wounds, or wounds the surfaces of which are not easily and closely adapted, are concerned, thorough drainage is of prime importance.

The Use of the Cold Bath in Febrile Diseases.

Dr. A. T. H. Waters, of Liverpool, gives the following case in the *British Medical Journal*, as illustrating the cold bath treatment:—

I was summoned on May 15th, 1876, to see a patient who was under the care of Dr. Johnstone, of Upholland. The patient was a married lady, twenty-six years of age, of strumous aspect, suffering from an attack (the first) of acute rheumatism, with pericarditis. Her attack had commenced on May 8th, and she was first seen by Dr. Johnstone on the 10th, when the temperature was 104°. During the four following days the temperature, when taken, ranged between 104° and 105°. I saw the patient at 5 P. M. on May 15th, about the eighth day. The case was one of severe rheumatic fever, and the physical signs of pericarditis were well marked. The patient was restless, but free from delirium. The pulse was 120, and the temperature 104.2°. The urine was very acid. The treatment which had been adopted by Dr. Johnstone was the administration of bicarbonate of potash, with bark and opium, and four ounces of brandy daily. I recommended that the treatment should be continued; the dose of potash, however, to be increased, and that of opium diminished. I further advised that, should the temperature rise to 106°, the patient should be put into a bath at 95°, to be cooled down to 75° or 70°. On the following day, at 1 P. M., Dr. Johnstone found the temperature 106.2°, accompanied with "fu-

rious delirium." Dr. Johnstone says: "I had her put into a bath (tepid), which was quickly cooled down to perfectly cold. (I cannot give you the temperature, but the water was cold from the pump.)" The patient was in the bath half an hour. The delirium sensibly decreased during this time. She slept a little the night after the bath, and on the following day she slept profoundly for two or three hours, and after this there was no delirium. At 10.30 P. M. of the 16th—viz., between eight and nine hours after the bath—the temperature was 102.6°. On the 17th, at 9 A. M., it was 103°; at 3.30 P. M., 102.8°; and at 10 P. M., 102.8°. Dr. Johnstone says: "Beyond this, I have no further record. I can only say that her progress toward recovery was constant."

Tracheal Injections in Croup.

The *Doctor* says that Dr. Palvadean, of Monaco, has injected perchloride of iron into the trachea through the parietes, by means of an ordinary subcutaneous syringe. He thinks in this way it is easy to bring the medicine to the diseased mucous membrane, and reports some cases in which recovery followed.

Dr. Régi, of Toulouse, writes in the *Courier Médical* in favor of this method. He has injected from 6 to 15 drops of a solution of perchloride in an equal weight of water. He gave the same remedy by the mouth, but attributes much of the effect to the injections.

Neither of these writers think there is much danger in thus penetrating the trachea. Dr. Régi says if a small vessel were wounded hemorrhage would be averted by the iron. He found, too, that swelling followed and interfered with deglutition, but was relieved by belladonna ointment. Of course, in ascending croup the remedy would be useless, and we do not think it is likely to find favor in other cases in this country.

Salicylate of Soda in Rheumatic Fever.

Dr. James Martin writes to the *Medical Press and Circular*—

In the *Medical Press*, August 1st, 1877, I reported two cases of rheumatic fever cured rapidly by salicylate of soda. I have since then treated four other cases, with exactly similar results. It would be useless to give their details individually; I will, therefore, state the points which struck me as worthy of notice. Each case had swollen, painful wrists, elbows, and ankles; in one only the knees were swollen. The temperature ranged, on my first visits, from 102° to 104°. They were all sharp, acute cases, with severe pain; all under six days from the time of first seizure. The medicine was given in half-drachm doses every four hours; all were literally cured on the third day after beginning its use. One, however, returning to his work on the sixth day, in very bad weather, got a relapse, for which the salicylate did no good; but he quickly recovered under the use of the perchloride of iron with blistering fluid applied over the painful joints. This was the only patient whose heart became affected, but it was not seriously so.

In every case the medicine produced a profuse diaphoresis, during which I observed that the skin retained its tone, felt firm, though moist in a peculiar manner, as I also noticed in a case of different disease, which follows this. I have tried the salicylate in less acute cases several times, but did not obtain the slightest benefit. This fact was also noted and stated to me by a most respectable, intelligent practitioner in the midland counties, as being the result of his experience before I had told him of mine.

The Pathological Traces of Pulmonary Hemorrhage.

Dr. Reginald Thompson read a paper on this topic before the Royal Medical and Chirurgical Society of London. He said that the traces of pulmonary hemorrhage most frequently found in the lungs after death are small rounded or ovoid masses, whose size ranges from a pin's head to a filbert, and which vary in color, according to their age, from a blood-red to an ivory-white; they are smooth, firm and tough in texture, and are found to consist of blood corpuscles and fibrin packed closely in the alveoli. Their position is peculiar, and the special localities which they haunt show that the force of inspiration is the active power by which the blood is impacted in the alveoli. Hence these traces indicate hemorrhage transferred from some other distant part in the lungs. Their future condition appears to depend upon the absence or presence of other pulmonary disease. There are other traces which point to extravasation of blood *in situ*. In these cases, which are more rarely met with, there is considerable pigmentation of the neighboring tissue, and occasionally laceration. In either case, whether the blood be transferred from a distance or deposited *in situ*, softening and elimination may occur, so that a cavity may be the result; but it is very difficult to form an opinion with reference to the relation of these hemorrhagic deposits and tubercle.

The Temperature in Pleurisy.

According to Dr. Peter, of Paris, the temperature of the side affected with pleurisy is always greater than that of the sound side; and this increase of temperature continues in proportion to the effusion, and may even reach 2.5 and 3 degrees C. above the normal standard. It then falls when the secretion stops; but nearly always it continues by 0.5 to 1.5 of a degree in excess of the temperature of the healthy side. This hyperthermy persists, even after the reabsorption of the effused liquid, and it is this persistence that explains the possibility of relapses. In cases of dry pleurisy, or pleurisy without effusion, the local hyperthermy is less elevated than in pleurisy with effusion,

and the return to the normal temperature takes place more rapidly. The above applies to pleurisy left intact, or unrelieved by thoracentesis; but when the operation is performed the local hyperthermy is the consequence of hyperæmia *a vacuo*, as takes place in ascites. In cases of pleurisy, this hyperæmia, which is altogether local, is necessarily added to the previously existing phlegmatic hyperæmia, against which the operation was without curative action. Thus we have two hyperæmiæ instead of one, with all their consequences—such as augmentation of tension in the blood-vessels of the inflamed pleura, purulent transformation of the effused liquid, syncope, pulmonary congestion, consecutive albuminous expectoration, pain, dyspnœa, sometimes amounting to suffocation. The conclusions arrived at by Dr. Peter rather tend to show that thoracentesis is not, after all, so inoffensive an operation as it is made out to be by some enthusiasts; and it behooves every practitioner to pause and consider well before he would thrust an instrument into a patient's chest.

The Value of Quinine Solution in Vesical Irritation.

Dr. J. K. Thornton writes to the *Lancet*—

Some few months back I heard, through Mr. Spencer Wells, of the value which Mr. Nunn attached to the local use of quinine in chronic irritation of the bladder. I had in hospital at the time two patients whose convalescence after ovariotomy had been much retarded by this condition, which is so apt to arise from the nurse not being sufficiently careful as to the condition of her catheter. Both the cases had defied frequent washings out of the bladder with solutions of carbolic acid, etc., and both patients were feverish, passing much mucous in ammoniacal and offensive urine, with constant desire and severe dysuria

I treated both as follows: The water was drawn off with a No. 12 gum-elastic catheter, and the bladder thoroughly washed out with tepid carbolic lotion, 1 to 100, four ounces being introduced and then withdrawn, the process being repeated till a pint had been used for each. (This had been done each day for several days, two ounces of the solution being left in the bladder without the slightest relief or improvement.) Four ounces of water were then introduced and withdrawn. Not knowing the exact strength of the solution used by Mr. Nunn, I had one made with two grains of quinine to the ounce, and a few drops of dilute sulphuric acid to dissolve it. Three ounces of this solution were introduced and allowed to remain in a few seconds; then two ounces were withdrawn, the other ounce being left in the bladder, the patient having instructions not to pass water for an hour. The first patient had some smarting and forcing, which lasted for twenty minutes; the second no inconvenience whatever. In twenty-four hours I noted, as to them both: "Urine acid, much improved in general appearance; no mucus, and odor normal." Two days later I noticed in their case-books, "No more trouble with urine since the acid quinine injection; urine normal."

Treatment of Hydatid Cysts.

At a branch meeting of the British Medical Association, Dr. Eddison made some remarks on the treatment of hydatid cysts, and referred to the detailed reports of three selected cases from his own practice in the Leeds Infirmary, illustrating different forms of the disease. His opinions as to treatment, which, he believed, agreed generally with those of most persons having much experience of the disease in question, were as follows. Cysts should be emptied as soon as they are discovered. The fluid should be withdrawn by an aspirator, using a very moderate degree of exhaustion, and a very fine needle should be used. There is no need to attempt to cause adhesions to the external coverings, the abdominal wall or the costal pleura, for example. If care be used, the suction of the aspirator does not cause pain; but pain may often be produced by allowing the point of the needle to move about unnecessarily. The cyst should be as nearly emptied as possible; for the less fluid that the punctured cyst contains, the less chance is there of the outflow of such fluid through the puncture. Nothing whatever should be injected into the cysts. As soon as pus is evidently present, an opening should at once be made, and the suppurating cyst be treated as an ordinary abscess, bearing in mind that the cyst-wall and secondary cysts should, if possible, be removed.

On Retention of the Urine in the Female.

Dr. J. H. Croom ends an article in the Edinburgh *Medical Journal*, on this subject, as follows:—

It would thus appear that the causes leading to retention of urine in the female may be thus conveniently grouped:—

1. Injuries or contusions during labor, acting directly or by subsequent inflammations.
2. Pressure of displacements or tumors acting mechanically on urethra or neck of bladder.
3. Injuries or growths acting reflexly.
4. Diseases of nervous system.
5. Direct obstruction within the tube of the urethra, as from stricture or foreign bodies, such as a calculus.

In drawing this paper to a conclusion there are one or two points which seem worthy of note.

1. In all cases of retention of urine a vaginal examination is necessary.

2. A gum-elastic male catheter of medium size, without the stilette, is the best form of instrument to employ.

3. In retention from displacement it is important to remember the altered position of the urethra. In retroversion of the gravid uterus the vagina is drawn upward and forward, the meatus is drawn upward, and the direction of

the upper part of the canal is backward and downward.

4. When any difficulty exists in accounting for the retention a visual examination should be insisted on.

5. It is a safe rule, before giving a definite verdict on any pelvi-abdominal tumor, to empty the bladder.

New Operation for Removal of the Penis.

Mr. Stocks showed a man at the Manchester Medical Society, whose penis he had removed in a novel manner. The urethra was quite patent at the orifice, and he could pass urine with perfect ease. The operation was performed thus: A narrow-bladed knife was passed between the corpora cavernosa, and the corpus spongiosum, about an inch behind the diseased part, and the former bodies were divided directly upward. The knife was then placed in the bottom of the wound and carried directly forward for about one-third of an inch, and then diagonally downward and forward, forming an inferior flap. The urethra in this part was then freed from the corpus spongiosum, and loosened slightly from its attachments. The skin-flap was turned upward, and a small slit or button-hole made in it, through which the loosened urethra was drawn by forceps and held until the skin-flap was adjusted and secured. The cut end of the urethra was then stitched to the edges of the button-hole. There was a redundancy of skin, but it formed an admirable artificial foreskin, to protect the tender orifice of the urethra from injury, and formed no impediment to micturition when drawn back in the ordinary manner.

Treatment of Typhoid Fever.

Dr. J. R. Groover, of Mica, Pickens Co., Ga., writes to the Atlanta *Medical and Surgical Journal*—

I propose briefly to give a plan for treating typhoid fever that has proved very successful in my hands, having used it in a great many cases during the past three years:—

Diluted phos. acid, 20 gtts. every four hours through the day, alternated with a powder composed of ipecac. camphor and prepared chalk, powder being changed as indications may require. To allay nervous irritation and procure rest, bromide potassium every three hours through the night.

If the patient has more than three operations on the bowels in twenty-four hours, I usually prescribe tannic acid and opium, to be taken every time the bowels operate, until the diarrhœa is checked or the patient is thoroughly under the influence of the opium.

These remedies, with sponging the body and cold cloths to the head when the fever is high, and corn whisky through the night, if it is of the lower grade, with the necessary nourishment four times a day and once at night, will cure nearly every case of uncomplicated typhoid fever.

Reviews and Book Notices.

BOOK NOTICES.

Vortræge aus dem Gesammtgebiete der Augen-Heilkunde für Studirende und Ærzte. Von Dr. Ludwig Mauthner, K.K., Universitæts Professor in Wien. Erstes heft; *Die Sympathischen Augenleiden.* Erste Abtheilung; ætiologie, pathologie. 58 pages. Price $1.40. B. Westermann & Co., 524 Broadway, New York.

Dr. Mauthner, Professor of Ophthalmology in the Imperial University of Vienna, has commenced the publication of a serial work on Diseases of the Eye, the first part of the first number of which has just appeared under the title given above.

The object of the author, as stated in the announcement of the publisher (Bergmann, of Wiesbaden, 1878), is a double one: to make each article so exhaustive as to satisfy the demands of the specialist, and at the same time to enable the general practitioner to find in the work a text book so complete that, without any previous study of ophthalmology, he may acquire, by its means, a well grounded knowledge of the subject in all its departments.

The first part (58 pages) of the first number, which treats of the etiology, pathology and diagnosis of "sympathetic ophthalmia," seems to us to justify, in every respect, the claim that is made for the twofold character of the work.

The author's large experience and great erudition are eminently conspicuous in the preparation of this first article, and the very latest observations from all sources bearing upon the subject are carefully collated and compared. The various forms "sympathetic ophthalmia" may assume are described with a completeness and attention to detail which is to be found in no other work with which we are acquainted.

From four to six numbers are promised annually. The second part of the first number will complete the subject of "Sympathetic Ophthalmia." The second number will be devoted to "Brain and Eye," in their relation to each other, and the third entirely to "Glaucoma."

THE

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PLANS OF RESTRAINING GROUNDLESS SUITS FOR MALPRACTICE.

There are few experiences in the life of a physician more annoying than a suit for malpractice, no matter whether he feels himself wholly innocent of the charge or not. He is well aware that being innocent is one thing, and persuading twelve men ignorant of the first lines of medicine and surgery that he is, is another thing. Then, allowing other matters to be equal, his opponent may have secured a specious and cunning lawyer, who will so befog the whole case that the jury are as liable to find for as against the party in the wrong.

Hence, it is of importance to the whole profession, that in every State it should frame and have passed by the Legislature such Acts as will protect the physician against such uncalled-for attacks. This seems to be best met by giving the physician the right to recover damages in case the plaintiff fails to substantiate his allegation. At a meeting of the State Medical Society of Maine, last year, the President, Dr. EUGENE F. SANGER, of Bangor, suggested remedies of this character:—

1st. Petition the Legislature to enact a law compelling patients suing for malpractice to give bonds to pay all taxable costs in case of defeat. As it now is the poor patient has everything to gain and nothing to lose by a prosecution in the hands of an unscrupulous pettifogger, while the surgeon has everything to lose and nothing to gain.

2d. If this fails, issue a blank, and put it into the hands of every doctor, to be signed by the patient in every instance, agreeing to hold the surgeon harmless in the legitimate pursuit of his profession.

We have been recently asked by a correspondent whether any State has actually enacted laws protecting the physician against causeless suits for malpractice. So far as we know, none of them has; and if our knowledge is at fault we should like to be corrected, and have sent us, for publication, a copy of the Act.

In many instances threats of a suit are used to extort money of physicians or to persuade them to cut down or wholly yield their bills. This many will do, though knowing they could successfully defend their course; because, at any rate, they would lose their time in attending court, have to pay heavy lawyers' bills and witness fees, suffer much worry and anxiety, as well as certainly expose their reputations to the strictures of professional rivals and personal enemies. All this could and ought to be prevented by proper and united action by the profession.

It is notorious, in every community, that there are pettifoggers—common barrators—ready to stir up litigation against any well-to do professional man, acting on what Sam Weller called the "wery generous line of takin' the case on spec, and chargin' nothin' for costs unless they got 'em out of the defendant." The surgeon is

often called to a case where, with the utmost care and complete success, he can expect neither gratitude nor much of a fee; but where, in the event of even apparent failure, he will run a large chance of legal annoyance. It is time that some check was put to these opportunities of mulcting innocent and worthy practitioners.

Notes and Comments.

Scrofulous Patients.

In a recent address, Dr. T. Clifford Allbutt remarked that he had taught, for fifteen years, that a scrofulous patient was simply a bad healer, one in whom light lesions were not easily thrown off and forgotten. The so-called scrofulous neck, long regarded as the expression of a special systemic vice, probably always took its rise as a bubo, from some irritation of mucous membrane in the throat or ear. He had treated several of these cases most successfully by free incision and enucleation. In some cases this had been before the constitution had given way, and in these the results were brilliant. It was found that under the larger glands often lay lesser ones, these, in turn, leading to some deep-seated, perhaps half cretified "kernel," the unnoted offspring of some long forgotten tonsillar or other irritation. By antiseptic surgery he thus would signify not only certain methods of a special kind, but in a general sense surgical cleansing. For, indeed, in a case attended by Mr. Corrie and himself, the rapid and fatal outburst of miliary tubercle was traced, after death, by Mr. Corrie's industry, to a small suppurating gland in the mesentery, itself, doubtless, a secondary event.

Edison's New Ear Trumpets.

The *Scientific American* says that Professor Edison, in his researches on sound, has made many curious experiments, one of the most interesting of which is that of conversing through a distance of 1½ to 2 miles, with no other apparatus than a few paper funnels. These funnels constitute the megaphone, an instrument wonderful both for its simplicity and effectiveness. Such an instrument stands on the balcony of Professor Edison's laboratory. A mile and a half distant there is another instrument exactly like the first one.

The two larger funnels are 6 feet 8 inches long, and 27½ inches in diameter at the larger end. These funnels are each provided with a flexible ear tube, the end of which is placed in the ear. The speaking trumpet in the middle does not differ materially from the ordinary ones. It is a little longer and has a larger bell mouth. With this instrument conversation can be readily carried on through a distance of 1½ to 2 miles. A low whisper, uttered without using the speaking trumpet, is distinctly audible at a thousand feet, and walking through grass and weeds may be heard at a much greater distance.

Treatment of Ununited Fracture.

Mr. Fitzgerald, of Australia, in view of the unsuccessful results attained by the milder and severer remedies commonly used in treating this troublesome accident, strongly advocates the injection of glacial acetic acid, 5 to 10 minims, by means of the hypodermic syringe, between the ununited ends of bone. His experience of this method of treatment has been uniformly successful. It is attended by sharp pain at first, but this quickly subsides. Any cartilaginous thickening that may be present is soon resolved and reabsorbed, and bony union takes place rapidly, apposition of the ends of the bone being secured by well applied splints.

Warm or Cold Water in Fevers.

A writer in the Cincinnati *Lancet and Observer* argues strongly against the use of cold water as a beverage in fevers. Warm water is not apt to produce vomiting; it is not taken in immoderate quantities; it does not lower the vital powers; it causes no shock to the system; it quenches thirst more permanently. These points seem well taken and deserve consideration.

The Nature of Syphilis.

Dr. Cornil, of Paris, one of the latest teachers on this subject, insists on the anatomo-pathological differences between soft and hard chancre, the period of incubation being the distinguishing feature. Soft chancre appears immediately after contamination, indurated after a time varying from ten to twenty-five days, and sometimes extending to a longer period, as has been proved by the observations of Langlebert, Rollet, Diday, etc., and the experiments of Wallace, Vidal de Cassis, Waller, and Pellizari. But what takes place between the time of incu-

bation and the appearance of the chancre? Some authors affirm that the individual is contaminated during the period of incubation, the chancre being the local and first manifestation of a general disorder dating from the day of incubation. Others have denied this theory. M. Cornil considers the most probable hypothesis to be that syphilis is not generalized at the onset, but that the chancre is the first complication, which by little and little infects the whole economy.

A Man Who Burst.

We have all of us, in early life, had held up to us as a warning, when too voracious, the terrible story of the boy who ate so much that he burst! The learning of maturer years led us too hastily to discredit this frightful example; for here, in the last number of the *Vierteljahrsschrift, für Gerichtliche Medicin*, July, 1878, Dr. Bremuse gives a detailed account of a man who literally burst, split his diaphragm in two and died, from four plates of potato soup, "numerous" cups of tea and milk, followed by a large dose of bicarbonate of soda to aid digestion! His stomach swelled enormously, and tore the diaphragm on the right side, causing immediate death. The case is probably unique.

A Study of Tremor.

An entertaining article is contributed to the *Archiv der Heilkunde*, for June, by Dr. Paul J. Möbius, on tremor (*das Zittern*). It includes such phenomena as the chattering of the teeth in cold or fright, the tremor of the drunkard, the paralytic, and the aged, that which follows poisoning by lead, arsenic, mercury, etc. The general cause of this species of trembling he is inclined to believe is some disturbance of nutrition in the central nervous organs, connected with hyperæmia or anæmia.

Shooting With Water.

In this country, as well as in Germany, there is a popular belief that a gun loaded with water instead of shot will kill and leave no trace. The subject has been studied by Dr. Edward Hofman (*Wiener Med. Wochenschrift*, No. 7, 1878), who finds that there is, in fact, very little external indication of the actual force of the fluid projectile, but adds that its effect is not so great as generally believed, much of the injury being attributable to the explosion of the powder.

Therapeutical Notes.

PHOSPHATE OF AMMONIUM IN DIABETES MELLITUS.

In a Polish medical journal, Dr. Jentys reports successful treatment of marked diabetes mellitus, with seven to ten per cent. of sugar in the urine, by the administration of about four grammes of phosphate of ammonium daily. The sugar did not wholly disappear, but in other respects the cure was complete.

CHLORAL PLASTER.

This is made by sprinkling pulverized chloral on a Burgundy pitch plaster, one to two grammes on a plaster four inches square. It produces small vesicles when left on twenty-four to forty-eight hours. It use is praised in lumbago, pleurodynia, intercostal neuralgia, etc.

SULPHATE OF SODIUM IN CHRONIC CARBOLIC ACID POISONING.

The enormous use of carbolic acid in surgery is liable to produce a form of chronic poisoning characterized by nausea, vomiting, headache, and a dark coloration of the urine, and by an absence, in the latter, of sulphates. This can be shown by depriving the urine of its albumen, acidifying it with acetic acid, and adding chloride of barium in excess. Normal urine shows a milky coloring from sulphate of baryta, but in carbolic poisoning this is not perceptible. This fact has led Dr. Sonnenburg to administer, in these cases, full doses of sulphate of sodium, with satisfactory results. His paper is in the *Zeitschrift für Chirurgie*, No. IX.

SALICYLATED OINTMENT IN ECZEMA.

Dr. L. Fleischmann, of Vienna, recommends, in eczema—

℞.	Acidi salicyl.,		grs. xl
	Tinct. benzoin,		f℥ss
	Alcoholis,		
	Glycerinæ,	āā	q. s. ad. solut.
	Unguent. emol.		f℥j. M.

Sig.—Rub in gently, twice or thrice a day, after washing with soap and water.

Rules for Hypodermic Injections of Morphia.

Dr. H. L. Harrington lays down the following rules, in the Chicago *Medical Journal and Examiner*:—

1. Never use hypodermic injections of morphia except for the relief of intense pain, or where the stomach will not retain the drug.

2. Have a solution accurately prepared, so that the *exact* amount given is, in every instance, known.

3. As morphine and pain are mutually an-

tagonistic, and as it is well known that far larger doses are tolerated when pain is present, make the size of the dose proportionate to the severity of pain.

4. Do not leave the patient until sure that no unpleasant effects will follow.

Correspondence.

The Opium Habit—No. 2.

Ed. Med. and Surg. Reporter:—

In considering the matter of cure of the opium habit, let the following points be kept constantly in remembrance: 1. No other drug or combination produces like effects upon the system, therefore nothing else can entirely supply its place. 2. Each preparation of opium possesses its own peculiar power, which differs in a marked degree from the power of every other preparation. For example, if an individual is addicted to the use of morphia, no other preparation of opium, though containing an equivalent quantity of morphia, will supply its place. It will already occur to the reader that opium *must be used* in the cure of the habit; to contend otherwise is evidence of ignorance of the practical phase of the subject. Now, I gradually withdraw the narcotic, but the quantity withdrawn must be compensated for in some way. After years of effort and trial I have discovered that no article will so successfully act this part as nux vomica, and that this may be so combined as to be much more effective than the drug alone. I have not the time to notice all the conditions of the opium eater, and the indications to be met, but shall at once indicate my mode of treatment, which, if associated with sufficient will power on the part of the patient, will be successful in every case.

I prepare an elixir, as follows: Dissolve in 96 fl.℥ aqua dest. 10 troy ounces of sodium phos. and 512 grs. val. ammo., then add to the solution 112 fl.℥ dilute phos. acid, and 2 fl.℥ hydrochloric acid. Now, exhaust, by percolation, with stronger alcohol (8 fl.℥), 10.4 grs. *pure* powdered nux vomica, and 160 grs. aromatic powder, U. S. P., driving through the last portions of the menstruum with aq. dest. until it commences to pass cloudy. Mix the percolate with the acid solution of sod. phos.; add to the mixture 16 fl.℥ glycerin, filter through paper, and if the measure is short of one gallon, wash the filter with sufficient distilled water to supply the deficiency.

Though I have been using a similar combination for years, for the above formula I am indebted to Dr. Green, of the firm of Chapman, Green & Co., manufacturing chemists, Grand Crossing, Ill.

Now, how do I use it? Suppose that morphia is the preparation taken. In one pint of the elixir I dissolve the amount of the narcotic taken in one month, less 25 per cent., and direct my patient to take ℥j four times a day. If the quantity taken is immense, say 20 or 30 grs. per diem, or the system is badly shattered, with much digestive trouble, or intestinal apathy, I double the dose of the elixir.

After the first month I reduce the opiate twenty per cent. monthly, and the patient is not aware of the reduction until the quantity of morphia is comparatively small, depending, of course, on the quantity to which the system had been habituated. But, should there be rebellion, it will likely be slight, requiring only will power to subject it. In some cases it may be necessary, toward the close of the treatment, to reduce less rapidly, yet I have never reduced less than twenty per cent. The point at which the narcotic is left out, the pure elixir only being given, will depend on circumstances, such as quantity taken, etc. In case of sleeplessness, a full dose of bromide of potassium or sodium will usually produce quiet and rest. In some cases, perhaps, chloral will be required, but, if so, it must be given only when absolutely necessary. I have never been compelled to resort to it. Another matter I will refer to briefly. It is necessary that the patient be as actively employed as the strength will admit, as idleness and constant thought of the habit will retard the cure. Every physician will understand this. And another thing is necessary. In the beginning of the treatment the victim must be determined to succeed, as each successive effort at redemption will meet with a weakened will power. I have not the time to specify all the details of treatment, but they will naturally be suggested to the intelligent physician. It must be remembered, however, that opium is a powerful agent in producing hallucinations, and much of the difficulty (if not actual pain) experienced can be dissipated by the exercise of a strong will.

In conclusion, I will say to the many physicians who have deluged me with letters, that sickness has prevented me from concluding these articles sooner, and also accounts for the rapid disposal of the subject. If, however, the directions I have given are faithfully followed, the most confirmed opium eater can be redeemed, and be redeemed with ease.

S. W. Gould, M.D.

Argos, Ind., August 6th, 1878.

Curious Result of a Bee Sting.

Ed. Med. and Surg. Reporter:—

Permit me to record an interesting case as the result of peculiarity of constitution. The case is that of S. R. M., who was stung by a common honey-bee, July 26th. He came immediately to my office, and I found that he had been stung over the left lobe of the thyroid gland, and that respiration was somewhat interfered with, although but a few moments had elapsed since it had been received. I bathed the parts with aromatic spirits of ammonia, and gave an internal dose, recommending him to go home and keep quiet, as I thought it of small

importance, as we are frequently hearing of, and seeing, persons stung extensively with but transient results. He went home (but a short distance), but only a short time went by when a messenger came, telling me that my patient was growing worse and wanted my assistance. On going to the house the throat was found to be considerably swelled—the internal more than the external parts—there being the peculiar wheal at the point of the sting. His symptoms were not unlike those of croup in the second stage. There was hurried and difficult respiration, attended with a harsh wheeze at expiration as well as inspiration; dry cough and frequent; face swelled and flushed; eyes suffused and bloodshot; dry skin; pulse full and bounding; severe headache; that condition of the skin called *cutis anserina* of both upper and lower extremities; rigors; a "stuffiness" of the nose; the tongue-papillæ were prominent already. He was sitting up, and his general appearance indicated general disturbance of the system. The respiration was becoming still more difficult while making these observations, and I saw visions of a possible tracheotomy. Aqua ammonia was applied to the throat, to vesication, and a large, moist, hot cloth applied over the blister. Internally, was given the aromatic spirits of ammonia every half-hour, in half-drachm doses till three doses had been given, and by that time the patient was considerably better. The vesication relieved the difficult breathing in a short time. The rigors ceased, and the *cutis anserina* was displaced by efflorescence. I then gave fifteen minims of the aromatic spirits of ammonia every two hours, with four-grain doses of the sulphate of cinchonidia, alternately; at the same time to drink a strong decoction of melon seed occasionally, as by this time there was some œdema of the tissues of the head and arms, which resulted in a copious diuresis and relief, though much muscular soreness remained for several hours. All his symptoms disappeared in twenty-four hours. Six years ago this same patient was stung on the forearm and was unable for duty for seventy-two hours, with similar symptoms at that time. Under like circumstances I think I would use the same treatment.

W. W. Pennell, M.D.

Nashville, O., August 11th, 1878.

Galvanic Treatment of the Ulcerated Os Uteri and Vaginal Leucorrhœa.

Ed. Med. and Surg. Reporter:—

While reading a clinical lecture, published in the Medical and Surgical Reporter, and reprinted in the *Michigan Medical News*, on the treatment of bed sores and ulcers by galvanism, by Dr. Charles K. Mills, it occurred to me that a similar plan might be pursued in the treatment of ulcerations of the os uteri. Having a patient who had been suffering with a prolapsed and ulcerated uterus for a long time, and to whom I had applied one of the "silver wire and soft rubber" pessaries described in the *Medical Record*, of July 6th, which simply consists of a soft rubber ring with a silver wire stem, and is attached to a web belt by elastic cords crossing each other through the protruding end of the silver wire stem, which is twisted, to give temper to the silver wire and to form the loop for the elastic cords to pass through, while the wire is drawn tight enough to imbed it into the rubber ring, so that it cannot irritate the uterine neck (I give this brief description of the pessary lest some readers would not understand how the galvanic attachment was made), I conceived the idea of utilizing the silver wire stem to get up a galvanic current, proceeding to effect my purpose in the following manner: 1st, by making a little bag of chamois skin, about two inches long by one wide, and fastening it upon the front of the belt used to sustain the pessary in position. 2d. I then cut a piece of zinc about one inch square, perforated it and attached a small copper wire, the other end of which I attached to the protruding end of the silver wire stem. Then putting the zinc with the wire attached into the chamois-skin bag, into which had already been placed a piece of sponge moistened with vinegar, I had the galvanic apparatus of Dr. Mills applied to ulceration in another location. The application above mentioned was made to my patient, who had been under treatment for about ten days without any perceptible change in the ulceration or leucorrhœa; the only improvement was in the fact that the uterus was being kept in place by the supporter, thus relieving the pain.

In thirty-six hours after the galvanic attachment was made I examined my patient and found healthy granulations instead of the unhealthy ulcer without any evidence of granulations, as it had existed before. I also found that the leucorrhœa had almost entirely stopped, a circumstance which the patient stated had not taken place for a year before. In one week there was neither ulceration nor leucorrhœa, at which time I removed the copper wire and zinc. I left the uterine support on a week longer, to make sure the uterus would remain in place. I then removed it and discharged the patient, well, and she continues to remain so up to this writing, three weeks after the apparatus was removed. I have several other cases that I am treating in the same manner, with ulceration, leucorrhœa, etc., all of whom are doing as well as could be desired. I also believe the galvanism is a great help in restoring the normal tone to the natural supports of the uterus. I have noticed that the patients having displacements and wearing the galvanic attachment dispensed with the aid of the uterine supporter sooner than those who did not. O. E. Herrick, M.D.

Greenville, Mich., Aug. 3d, 1878.

—Dr. Horace Wardner, of Cairo, Ill., has been appointed superintendent of the Southern Illinois Insane Asylum, at Anna, as the successor of Dr. Barnes, resigned. The appointment is regarded as eminently proper in every respect.

News and Miscellany.

Central Nebraska Medical Society.

This Society has been recently organized, and met at Sutton, August 1st, Dr. J. R. C. Davis, President, in the chair.

Dr. A. O. Kendall, of Clay county, presented an article on diphtheria, which gave rise to an animated discussion.

Dr. Clark, of Clay county, presented a written report of a case of sunstroke, showing a more intimate relation to exist than was formerly supposed between a disturbed electrical state of the atmosphere as a cause of this affection than of excessive heat alone.

Dr. Canfield, of Clay county, made a verbal report of an obstetric case.

Dr. Davis, of Hamilton county, made a verbal report of a case of functional disturbance of the heart, and also that of a portion of retained placenta for the remarkable period of eight months.

The annual inaugural address was delivered by the president, Dr. J. R. C. Davis, on "The Science of Medicine." It was a comprehensive review of the healing art, from the earliest time to the present, showing the rapid strides made the past few years. The address was attentively listened to by a good audience.

Martin Clark, M.D., *Secretary.*

The Yellow Fever and its Rational Treatment.

The advance of this terrible epidemic has been rapid and justly alarming. New Orleans, Corinth, Grenada, Memphis, Vicksburg, Cairo, Louisville, St. Louis, and Cincinnati, have all cases more or less numerous. The latest advices report hundreds of cases in the above-mentioned towns.

Dr. Greensville Dowell, of Galveston, Texas, has written us to urge upon the profession to adopt the treatment of the disease which he used successfully in several severe epidemics, and which he has described at length in his treatise on the disease. The book will be mailed from this office on receipt of the reduced price, $2.00.

The Education of the Blind.

John F. Maher, M.S., University of Penna., a teacher of several years' experience, proposes to establish an academy for the education of the blind. The intention is not to supersede existing institutions, but rather to add one more, of a special character, whose aim shall be, 1st, to supply the wants of such as prefer a private school to a public institution. 2d to afford blind persons desiring a higher education suitable opportunities to prepare for college. Superior facilities will be afforded for the study of music. Special attention will be paid to the moral and physical training of pupils and their general correctness of deportment.

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A long familiarity with the blind has convinced Mr. M. that a school of this kind is much needed. The best professional and social references.

For further particulars address John F. Maher, 1319 Chestnut St., Philadelphia, Pa.

A Real Apostle of Temperance.

Instead of platform howlers, would that we had more such men as Dr. Barnardo, of London. This physician was the first to institute the system of temperance coffee houses. He was able, in the east end of London, to secure a magnificent gin palace and a large shop. They were fitted up in an extremely attractive way, and there the workingman escaped the ruinous temptation to drink which had been the curse of this metropolis. One of those coffee palaces, during the year, had realized a sum of £2300, its expenses amounting to £2000. In the mission rooms there were evangelistic addresses, and one might see one of these rooms crowded from end to end with anxious and inquiring auditors, to hear a plain, simple address.

—The *Archiv der Heilkunde*, for June 15th, contains an admirable biographical notice of the late Dr. C. B. A. Wunderlich, the founder of scientific medical thermometry, from the pen of Professor O. Heubner. All who read it must lay it down with a deep respect for the personal character of this profound investigator.

OBITUARY.

DR. CHARLES C. WOODWORTH,

Of East Berkshire, Vermont, died at his residence, on the 5th instant, of consumption, at the early age of thirty-two years. He graduated at Bellevue Hospital Medical College, in 1868, and had already established a promising practice, and won the esteem of the community in which he resided, when the signs of a mortal disease showed themselves. He met the approach of death with Christian calmness.

MARRIAGES.

Throckmorton—Bentley.—On the 8th instant, at the residence of the bride's parents, by the Rev. T. McK. Stewart, Thomas M. Throckmorton, M.D., of Derby, Iowa, and M. Annie Bentley, of Chariton, Iowa.

DEATHS.

Dostor.—At Blakely, Ga., Wednesday evening, August 7th, Battey Dostor, infant son of Dr. B. R. and Mrs. S. E. Dostor, aged 1 month and 2 days.

Cuyler.—On the 25th instant, at the residence of Rev. M. B. Grier, Ridley Park, Susan, daughter of Dr. C. C. Cuyler.

McNabb.—In Woodsville, July 20th, Dr. John McNabb, aged 95 years.

Woodbury.—On Saturday, August 3d, 1878, at the residence of his uncle, Mr. Henry Burton, Roxborough, Clarence, second son of Dr. Frank and Louie R. Woodbury, and grandson of Mr. Thomas S. Woodbury, aged 2 months and 17 days.

DOCTOR RABUTEAU'S

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Professor of Chemistry."

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DR. I. C. BARLOTT."

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GEORGE C. PITZER, M.D."

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Member Va. State Board of Health, and Sec'y and Treas. Medical Society of Va."

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CONTENTS:

ORIGINAL DEPARTMENT.

LECTURE.

JACOBI, A.—On Diseases of Children. Acute Meningitis, Followed by Erysipelas, in a Rachitical Child. Recovery; Large Abscess of the Side of the Face in a Young Infant; Idiopathic Purpura; Cyst of the Tongue; Disease of the Heart Producing Hepatic Congestion; Probable Encephalitis in Addition; Infantile Erythema..... 177

COMMUNICATIONS.

MENARD, C. M.—The Treatment of Yellow Fever 181
MEANY, WILLIAM B.—Contusions of the Eyeball..... 183
KENNEDY, N. B.—Report of Three Obstetric Cases.—Nervous Exhaustion. Instrumental Delivery; Laceration of Cervix Uteri; Hourglass Contraction of Uterus, with Placenta Entirely Adherent. Instrumental Delivery..... 186

HOSPITAL REPORTS.

Pennsylvania Hospital.—Clinic of Dr. Levis.—Contusion of the Elbow Joint; Syphilitic Periostitis; Fracture of the Patella; Death from a Burn; Treatment of Burns..... 187
Wilkesbarre City Hospital.—Recovery after Hip-joint Amputation for Removal of Osteo-cephaloma of Femur..... 188

EDITORIAL DEPARTMENT.

PERISCOPE.

The Forms of Consumption Peculiar to Age and Sex..... 189
Vascular Growths of the Meatus in Women..... 189
The Exciting Causes of Asthmatic Attacks at Night..... 190
On Tedious Labors..... 190
How to Measure the Length of the Lower Limbs 191

REVIEWS AND BOOK NOTICES.

Notes on Current Medical Literature..... 191

BOOK NOTICES.

A Text Book of Operative Surgery, and Surgical Anatomy (Norton)..... 192

EDITORIAL.

ARSENICAL PREPARATIONS AS COSMETICS..... 193

NOTES AND COMMENTS

The Post mortem Diagnosis of Nulliparity..... 194
Berlin Treatment of Scarlet Fever..... 194
Treatment of Chorea..... 194
Paracotoin as a Remedy in Epidemic Cholera... 194
Poisons Developed by Putrefaction in Corpses... 195
The Organs of the Sense of Space..... 195
Vaccination in Syphilitic Subjects..... 195
Action of Purgatives..... 195
Algerian Remedy for Hydrophobia..... 195
Late Uses of Pilocarpine..... 195

CORRESPONDENCE

Cause of Cholera Infantum (Bailhache)..... 196
Prussian Blue in Malarial Fever (Martin)..... 196
Treatment of Mammary Abscess (Armstrong)... 196

NEWS AND MISCELLANY.

Another Advantage of Forests..... 196
American Association for the Cure of Inebriates 197
Gallipolis, O., Medical Society..... 197
Sanitary Report for Week Ending August 23d... 197
Recent Views of Yellow Fever..... 197
Meeting of the British Medical Association..... 198
Personal..... 198
Items..... 198

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THE

MEDICAL AND SURGICAL REPORTER.

No. 1122.] PHILADELPHIA, AUGUST 31, 1878. [Vol. XXXIX.—No. 9.

Original Department.

Lecture.

ON DISEASES OF CHILDREN.

BY PROFESSOR A. JACOBI.

Delivered at the College of Physicians and Surgeons, New York.

Reported expressly for the Medical and Surgical Reporter.

Acute Meningitis, Followed by Erysipelas, in a Rachitical Child. Recovery.

Gentlemen:—This child has been kindly sent to me by some of the gentlemen connected with the New York Dispensary, and it is a case of great interest, not so much from any symptoms which it now presents, as on account of the history which is given of it. It is now seventeen months old, and about a month ago it had an acute attack, which, from the description of the physicians who saw it at the time, I think there can be but little doubt, was really one of meningitis. There was considerable febrile reaction, and the ordinary head symptoms and venous phenomena met with in this affection, except that there appear to have been no convulsions whatever, which is certainly quite remarkable in a child of this character. In these rachitical cases acute meningitis, with fever, is comparatively rare, though, as you are aware, there is a form of meningeal trouble which is quite frequently met with in them. This is simply a serous effusion, and it is not characterized by any appreciable elevation of temperature. While the child was recovering from this it was seized with what would seem to have been a well-defined attack of erysipelas, which, beginning about the face, afterward spread down upon the thorax, and also involved both hands and both feet. The extending line of redness was particularly distinct upon the front of the chest, and the affection in the extremities was characterized by very marked œdema, a portion of which still remains, as you perceive. You will notice the desquamation of cuticle upon the hands and feet, following it.

Fortunately, the little patient has survived both of these very serious troubles; a result which I think is due, to a large extent at least, to the skill with which it was treated. At present its temperature is entirely normal, and although it cries a great deal, as you notice, I do not attach any special significance to this fact; but think it is to be attributed simply to a general sense of discomfort from which it seems to be suffering. What remains now to be done is merely to combat the general rachitical condition, which is very marked in this child. One is at once struck with the prominent forehead and the square shape of the head, and on making an examination, we find that the fontanelle is still widely open, measuring nearly two inches in its longitudinal diameter, and perhaps an inch and a half in the transverse. There is also considerable enlargement of the epiphyses, both at the wrists and ankles. The child has, as yet, made no attempt to walk, and its legs are seen to be very weak and puny-looking. Another point of great importance is, that it has, as yet, no teeth whatever; and in connection with this fact we learn that it is still at the breast, the mother's milk having always been almost its sole nourishment.

Now, when a mother has been nursing her child for seventeen months, and the infant cannot boast of a single tooth, we may be pretty sure that the woman's milk is utterly worthless. Here the mother tells me that the child's passages are almost always green, and contain something that looks like curds; which shows that a little casein is about all that is supplied to it in the way of nourishment. The first and most important point in the anti-rachitical treatment, in this case is, then, to wean the child at once. In place of the breast milk it should have good cow's milk, and in connection with this a proper quantity of oatmeal gruel, as its bowels are, at present, inclined to be costive. Should the constipation resist this, it should have injections from time to time, and later on in the summer, if any tendency to diarrhœa appears, barley or rice water ought to be substituted for the oatmeal gruel. In addition, it might have the white of an egg, raw, every day, and a little beef juice occasionally. It is, unfortunately, still the custom of many practitioners to order beef tea for their patients; but as ordinarily prepared, it is really scarcely anything more than a concentrated preparation of salt, all the nutritous parts of the meat, having been taken away from it. In summer it is very apt to produce diarrhœa, especially in children, and if given to those already suffering from diarrhœa, it is sure to make it a great deal worse. In the way of medicines we might give either the syrup of the iodide of iron or the hypophosphites. The child has some cough; but it is nothing more than the ordinary bronchial catarrh so frequently met with in rachitical children, and due, primarily, to the enlargement of the bronchial glands. At present it does not call for treatment.

Large Abscess of the Side of the Face in a Young Infant.

This child, of five months, has had a lump on its face, according to the mother's account, for about seven weeks, and during that time it has been growing larger. It commenced in front of the right ear, and now extends not only behind the ear but almost over the entire side of the face. The eyelids do not seem to be œdematous now (though they look quite red), but sometimes they are so swollen, the mother says, that the eyes can scarcely be opened. In front of the ear the mass is quite firm, but I think I can get a sense of fluctuation in it. This is not positive, however; but behind the ear there can be no doubt about fluctuation being very distinct. There is, therefore, but one thing to be done now, and that is to give vent to the pus that is confined in the abscess as promptly as possible. Having now made an incision behind the ear, a considerable amount of pus flows from it, and I find that I can pass a probe forward into the abscess for a distance of nearly three inches. The indication for the present is to keep this opening free, and to wash out the sac with a disinfective injection several times a day. For the latter purpose a solution of carbolic acid, of the strength of one per cent., I think, will be the best. The woman tells me that since the trouble commenced, seven weeks ago, she has had the child to several physicians; and yet none of them have actively interfered in the case. It is a disgrace to the profession that an abscess of this kind should have been allowed to go on for seven weeks without being opened, for now there is no telling to how great an extent the bones of the face may be involved; and very serious trouble is to be apprehended in the future, should the child be fortunate enough to escape with its life.

Idiopathic Purpura.

The next patient is a little girl, of four years, who, about three weeks ago, had an attack of nausea and vomiting, followed by some little fever, after which it was noticed that numerous spots came out upon her skin, principally about the legs. These spots still continue, and you will notice that the lower extremities are quite covered with them; while there are also a few upon the lower part of the back and upon the arms. There is no itching in connection with them, and the child's general health seems to be quite good. When we make firm pressure in the vicinity of any of them (thus interfering with the circulation of the part), it is found that they do not disappear or become of a paler color; and there can be no doubt, therefore, that they are really due to capillary hemorrhage.

This is, no doubt, a case of what is known as idiopathic purpura. Such hemorrhages under the skin may be due to three causes.

First. Obstruction in the circulation, as, for instance, from organic disease of the heart. When this is the case, these are more apt to occur in the extremities, as here; though a

much more common result of such obstruction is œdema of the extremities.

Second. A poorness in the quality of the blood itself, favoring its escape from the capillaries.

Third. An imperfect development, or a degeneration of the blood vessels themselves. This is the explanation of the hemorrhages seen in the condition known as hæmophilia, and is, I think, the cause of the trouble in the present case. The hemorrhages we sometimes meet with in the new-born (as, for instance, from the stump of the umbilical cord) are due to a temporary condition of fatty degeneration of the vessels.

On an examination of the child's heart, I detect a slight murmur indicating mitral regurgitation, and in this fact, I think, is found the explanation of the purpuric spots being present only in parts remote from the heart (on account of the obstruction of the circulation); but still I do not doubt that the hemorrhages themselves are really due to the condition of the blood-vessels. Such little hemorrhages as these are dangerous only when they occur about the brain. For the present, this child should be kept quiet, and should have about ten drops of aromatic sulphuric acid every two hours, in a wineglassful of water, in addition to the most nourishing food. Later, she should have plenty of exercise in the open air, and should be put on rather a prolonged course of ergotin and quinine.

Cyst of the Tongue.

About six weeks ago this boy discovered a lump under his tongue, near its extremity, and since then it has been steadily growing larger, until it now causes him great inconvenience. From its appearance, I should say that this growth was a cyst containing serum, and I have no doubt that it has really been much longer than six weeks in process of development. Such cysts are much more frequently found near the root of tongue than in the situation occupied by this one, and they are then known as ranulæ. They may be due either to hemorrhage in the lower portion of the tongue, or to an abnormal development of one of the mucip-arous follicles. The treatment is very simple here. The cyst might be at once evacuated by means of a single free incision; but I think the better plan is to run a ligature through it from side to side, and let it cut its way out; as it has the advantage of setting up a certain amount of adhesive inflammation between the walls of the sac.

Disease of the Heart Producing Hepatic Congestion; Probable Encephalitis in Addition.

This boy, eight years of age, complains of a pain in his stomach, which he says he has had ever since last summer. On closer inquiry we find, however, that this pain is not at all constant, and, in fact, that it seldom seems to trouble him except when he takes pretty violent exercise, as, for instance, when he is running. It is located in the epigastrium, in the median line, and, consequently, about the region of the stomach and the left lobe of the liver. That it is not associated with the former organ, seems evident, from the fact that the ingestion of food is not followed by pain, and that he has no vomiting or other symptoms of gastric trouble. Let us, then, turn our attention to the liver. The boy says that when he runs he often has to stop short, on account of sudden pain coming on in the region mentioned. Now, is there any condition of the liver that would give rise to such a symptom as this? Yes, congestion, and this hyperæmia would probably not be confined to the organ itself, but also extend to the peritoneum covering it. There is, and has been, no jaundice in this case, as far as I am able to ascertain, and therefore, we cannot assume that it is due to any obstruction of the bile ducts. We must look further for an explanation of the trouble, and that is, to disease of the heart or of the lungs, both of which are capable of producing it.

On auscultation of the heart we find that there is a mitral, regurgitant murmur, and that, as a murmur is heard with almost equal distinctness at the base as well as at the apex, (and moreover is transmitted, though very feebly, along the carotids), there is also, probably, aortic disease. There seems to be some little hypertrophy of the left ventricle, though the area of dullness over the cardiac region is not materially increased. One very marked feature about this case is the peculiar slowness of the pulse. A short time ago, when the boy was under some excitement, there were only sixty-eight beats to the minute, and now there are but sixty. In order to get at an explanation of this, let us ask ourselves what it is that controls the pulse. The pneumogastric and sympathetic nerves on the one hand, and the con-

dition of the muscular walls of the heart on the other. In any case like this, therefore, where there is a departure from the normal standard, we must turn to the heart itself, or the innervation of the heart. If the organ were weakened by fatty degeneration, or in any other way, it would show itself by contracting more slowly than in health. In general debility of the system, however, without special weakness of the heart-walls, the pulse, as is well known, is increased in rapidity. But if no trouble was found with the heart itself, we should have to look to its innervation. Now the pneumogastric inhibits the action of the heart, and whatever affects the one will indirectly interfere with the other. One of the most frequent causes of increased action on the part of the pneumogastric (thus exalting its inhibitory function, and producing fewer contractions of the heart), is the beginning of brain disease. In the later stages this power is lost, and so, whenever, in tubercular meningitis, we find the pulse and the temperature steadily increasing, we may be sure that a couple of days, or two and a half days, at most, will bring a fatal termination of the case.

In the present instance there has been no headache, vomiting, or other symptom of commencing cerebral trouble, but it is worth while to note a fact which has not yet been mentioned in connection with the case, yet which may be of importance, and that is, the boy has had, from infancy, a discharge from his right ear. Whenever there is this long-continued disease of the ear, it is very apt to lead to serious brain trouble. By testing with a watch, I find that this patient is very deaf in his right ear, a fact of which he was quite unaware before; and though I have no facilities for making a satisfactory examination here, I have no doubt the membrana tympani has long since been destroyed.

Let us inquire, then, if there can be any connection between the ear disease and the slow pulse which is here found. I hear it suggested that there may be some pachymeningitis present. Yes, possibly; but it is much more probable that there is encephalitis, since this is a far more common result of such trouble. If meningitis had been present, it would have produced more decided symptoms, and the patient either have died or the disease have run its course before this. It is not uncommon for abscess of the brain to continue for a number of years without destroying life. Some years ago I saw a man in Ludlow street jail who died from such an abscess, and yet its presence had never been even suspected; and there is another case on record (where the patient died from the same cause), in which the abscess was known to have originated more than twenty years before death.

The treatment here will consist, in the first place, of cold applications to the liver, in order to relieve the existing congestion; fresh cloths wrung out of cold water being placed over the hepatic region about every half hour. In order to strengthen the heart's action, the patient should take digitalis (three grains, three times a day), and this will afford us a test by which we can judge whether the slowness of the pulse depends upon the weakness of the heart. Ordinarily, the effect of this remedy is to diminish the frequency of the pulse; but here (if the heart is enfeebled), it will increase the number of its contractions. But, nevertheless, whether the slow pulse depends on the weakness of the heart or not, I cannot but regard this boy as in more danger from his brain than his heart, and I would, therefore, advise that he should be most carefully watched for the appearance of symptoms of trouble in that organ.

Infantile Erythema.

The baby I now show you is the first child of the mother, and is four months old. When three weeks old it was noticed that an eruption was breaking out upon the lower part of the body, and this has continued ever since, apparently growing worse instead of better. For two weeks after birth the child was nursed at the breast, but since that time it has been artificially fed; its diet consisting, at different times, of milk, barley, farina, crackers and other articles. Its bowels have usually been costive.

On making an examination of the infant, we find that the groins, the inner surface of the thighs almost as far down as the knees, the genitals, and a considerable portion of the buttocks, are covered with a bright red eruption. The surface of the skin over which it extends seems quite rough, and at the first glance we are inclined to call it eczema; but on a more careful examination of the parts it is found that the roughness is in reality due to some salve which has been applied here. The mother states that there has never been any oozing of moisture from the rash, and as no sign of any

vesicles can be detected in any portion of it, eczema is to be excluded in this case. In many similar instances, however, we find the eruption of a mixed character, and that eczema really is present in connection with the erythema. The cause of such a dermatitis as this is, primarily, a malnutrition of the skin (which, in the great majority of instances, arises from malnutrition of the system in general), and, secondarily (the exciting cause), the friction of two surfaces rubbing together, as, for instance, in the groins, and the irritating effect of the urine and fæces upon the skin.

The treatment here will consist, in the first place, of the regulation of the child's diet, so that it shall have only such food as will nourish it best and can be easily digested. I would recommend that, for a week or two, at least, it should be given barley water and milk, in the proportion of three parts of the former to one part of the latter. Afterward the proportion of milk may be increased as the child seems to require. In addition, it might have the half of the white of an egg, raw, with each bottle of milk and water. Locally, I propose to employ diachylin ointment, diluted with about four times the ordinary quantity of oil; and we must charge the mother to avoid the use of water as much as possible, and soap and water entirely, upon the parts. In acute or subacute inflammation of the skin, we must be very careful not to make any sort of an application that will produce irritation. Soap, therefore, is highly injurious in a case like this, for the potassa which it contains has the power of destroying the very young cells which are constantly in process of development in such a condition of the cutaneous surface as is here present. Water also acts as an irritant to such an inflamed surface. If cold water were applied here, in a few minutes you would find that there was a marked increase of redness over the whole extent of the eruption, and warm water, though, perhaps, not quite so irritating, is scarcely less injurious.

—The last number of the *Archiv der Klin. Medicin* contains a notice of the death of Dr. C. Bartels, of Kiel. Professor Bartels made an especial study of renal diseases, and in America he will probably be best known by the volume on the kidney, in Ziemssen's "Cyclopædia of Medicine," and by an excellent lecture on the Diffuse Inflammations of the Kidney, in Volkmann's *Sammlung klinischer Vorträge.*

Communications.

THE TREATMENT OF YELLOW FEVER.

[We are indebted, for the following article, to Dr. J. B. C. Gazzo, of La Fourche, La. It is translated from the French of the Rev. C. M. Menard, and appears of sufficient value to merit reproduction.—Ed. Reporter.]

In 1853 yellow fever appeared in Thibodaux. The first case was on the 17th of August. Soon after that date the disease spread throughout the town and suburbs. Seven or eight days after the appearance of the disease I became convinced that the course of treatment followed by Dr. Chérot, an old physician recently arrived from Martinique, was the most efficacious. I had occasion every day to see the sick who were visited by Dr. Chérot, and I can affirm, from personal observations and by memorandum taken at the time, that Dr. Chérot attended 414 cases; of these twenty-seven died, fourteen of them having been attended by other physicians previous to being seen by Dr. Chérot. The remaining thirteen died from want of proper nursing, changing the course of treatment, or relapse brought on by imprudence. At one time all the physicians (Dr. Chérot among the number) were sick. The people treated each other after Dr. Chérot's method, and I myself was, in a manner, forced to attend to fifty-four cases—seven of them with black vomit. I followed Dr. Chérot's treatment to the letter, and saved the fifty four cases.

I.—FIRST TREATMENT.

Put the patient in bed; cover him well up to the neck; keep apartment closed. Without any delay, give patient a hot foot bath, strong with mustard, and leave feet in bath from eight to ten minutes; friction limbs, being particular not to let fresh air come in contact with patient; give two or three cups of elder-leaf tea, to produce perspiration; if convenient, place hot bricks, or bottles of hot water, around patient's legs. Apply mustard to feet for about one quarter of an hour. Be very particular and not let patient uncover; this is all-important. As soon as possible, give patient lemonade every twenty minutes. The lemonade is made as follows: Two sour oranges (lemons will answer); peal, remove outer skin as much as possible, remove seeds, and boil six to ten

minutes; let cool; sweeten, if desired, and administer. It is important to give this lemonade.

II.—DURING PERSPIRATION.

One hour after patient has taken to bed give clysters every three hours, followed by a foot bath without mustard. The clysters are prepared of mauve or gombo leaves, or of flaxseed in small quantity. This treatment is kept up until the fever has subsided. Always be careful that patient is not exposed to air while perspiring. Continue to cause perspiration during four hours, and all the while give the above lemonade every twenty minutes for the first six hours, and then every thirty or forty minutes.

The patient must be made to perspire from four to five hours—not less than four hours. His clothes must be changed three, and (if corpulent or strong) four times. Warm the clothes well before changing, and while effecting a change do not let fresh air strike patient.

III.—AFTER PERSPIRATION.

When patient shall have well perspired from four to five hours, according to circumstances, remove covers, leaving only one sheet on patient if weather is warm, keeping the feet, however, well covered with a quilt or blanket. While giving clysters and foot baths keep apartment closed. If the weather is not cold or damp you may now open apartment so as to let a little fresh air circulate, being careful that patient is not in a current of air.

The fever lasts from twenty to forty hours, usually; sometimes, though rarely, from sixty to eighty hours. The pulse gives 100 to 120, sometimes 130 pulsations a minute. Do not be alarmed; keep patient in good spirits; keep him diverted, but do not fatigue him. Diversion contributes to a speedy cure.

Seven or eight hours after taking the fever the patient's tongue is spotted white, oftentimes black, on the centre, and is always encircled by a well-defined red girt.

IV.—WHEN THE FEVER CEASES.

As soon as the fever has subsided, and the pulse indicates sixty to seventy or eighty pulsations a minute—which happens at the end of about twenty hours—the patient must hasten to take, 1st, manna and senna; 2d, magnesia; 3d, peruvian bark and epsom salts; the *first* for ordinary cases; the *second* for weak patients, and the *third* for serious cases. These remedies are prepared and taken as follows:—

1st. Manna and senna: for an adult, three ounces of manna well stirred in a cup of hot milk or water (the milk preferable); add an infusion of senna leaves; mix the whole together, strain, cool a little, and administer at a single dose, or in two doses. For a child, give one to one and a half ounce of manna, and but little of the senna infusion.

2d. Magnesia: three teaspoonfuls stirred in a cup of tepid water or milk. Give in one dose.

3d. The most efficacious medicine of all: one ounce of pulverized peruvian bark (red) well stirred in a cupful of boiling hot water—stir and make a paste. In another cupful of boiling hot water, dissolve one-half ounce of epsom salts. Pour contents of both cups in an ordinary wine bottle, and fill the bottle three-quarters full of hot water. Shake well and long, until the elbow tires. Let cool and give a little wineglassful every quarter of an hour. When patient begins to purge, give two little wineglassfuls every half hour. "This," said Dr. Chérot, is *la médicine par excellence.*"

As soon as patient has taken above remedies, give him orange-leaf tea, or if that does not suit his palate, continue to give him the lemonade.

If medicine No. 1 (manna and senna) does not operate in two hours, give medicine No. 2 (magnesia). Be quick, for fear that fever will return or vomiting will occur. When these medicines are being taken, clysters followed by foot baths are discontinued.

When patient has had two operations, give him a little soup made of sour sorrel, the yolk of an egg, a little butter (preferable to lard), use very little salt, and soak in soup a thin slice of bread. This soup strengthens and does not interfere with taking of medicines. After five or six operations, begin with quinine, twenty to twenty-five grains given in five-grain doses every hour. For a child twelve to fifteen grains, in three-grain doses every hour.

If patient suffers too much from pain in the pit of the stomach, give him gum water—that is, gum arabic dissolved in hot water. Give one teaspoonful every now and then. One of the most critical stages of the disease is when the pain in the pit of the stomach increases. You must encourage patient; make him drink often. The disease apparently becomes more violent, the patient weakens rapidly, but he is unconsciously getting better.

The above is the treatment in ordinary cases.

V.—RETENTION OF URINE.

Too much care cannot be taken on this point. Press questions: if patient feels pain in lower part of abdomen (a sure premonitory symptom of retention), friction the part every quarter of an hour, with camphorated oil. If retention prove obstinate, give pumpkin seed tea, or flax-seed tea, with one drachm of saltpetre for every five or six cups of the tea; and if patient is not perspiring, give him a warm hip bath (not higher than the navel). Leave patient in hip bath one-quarter to one-half hour. It is highly important to remove retention.

VI.—VOMITING.

The vomiting of bile, water, and glaires, at the outset of the disease, is a good sign. Give tepid water to favor, but not enough to provoke, vomiting.

Other vomiting of substance, bloody, and sometimes black, occurs in cases of relapse, or when fever has lasted too long, or because treatment has not been followed properly. Take peruvian bark pulverized (the red) one half-ounce, and put in an ordinary wine bottle three-quarters full of cold water. Shake well and long; let settle, and give one tablespoonful every quarter of an hour, and even oftener. Seven or eight doses usually suffice to check vomiting. After this, give the peruvian bark prepared with epsom salts as mentioned above. (See 3d, of No. IV.)

VII.—GANGRENE.

A thick, white and bloody coating of the inner mouth indicates the presence of gangrene. Administer the peruvian bark prepared with cold water (see No. VI) every quarter of an hour for half a day; then double the dose and give at intervals of half an hour, and finally every two hours. Purge patient every twenty-four or thirty-six hours, with the peruvian bark and epsom salts; then you may continue to give the peruvian bark with cold water, giving the doses further and further apart, until gangrene has disappeared.

Give emollient clyster, morning and night; administer the gum water; give a little soup; a little wine in a great deal of water—no pure wine—the least imprudence can cause death.

After giving the quinine, try and strengthen the patient with broth; a little wine in water—no cold water pure—nor pure wine; force patient to sit up and to get out of bed; do not expose him in current of air, nor let him go out in the damp or in the sun. Although he may not feel well, do not purge him unless in a grave case, because it is important not to overtax the stomach, already much enfeebled. If a little fever return and go off, give ten grains of quinine in two doses. Under no circumstance must you give pure cold water, even during the first three or four days of convalescence.

VIII.—SPECIAL OBSERVATIONS.

Children must be forced to drink lemonade and take medicines. If necessary, stop up the nose and thus force them to drink. If threatened with attack of worms, give a little vermifuge. In all other respects treat them like adults, only give remedies in smaller doses.

Women.—If periodical complaint appear, that of itself is the best of remedies. In such a case, encourage flow by application of warm poultices on large veins inside of the thighs. Do not give lemonade and other remedies. Simply give orange leaf tea and the like harmless remedies. If the patient is one in a "delicate way," bolster head and stomach by means of pillows. No lemonade; orange leaf tea, but weak; foot baths, but not very warm; no clysters, except in serious cases, and then not frequent; manna, with not much senna, or simply magnesia, quinine, gum water; use great precaution during convalescence. Use same and greater precautions for women recently delivered.

IX.—IMPORTANT REMARKS.

1st. If patient throw up medicine or quinine, repeat the dose at once. If patient be very sick at stomach, or swallow with difficulty, apply mustard on pit of the stomach for a few minutes, or take a bandage, say one inch wide, dip it in cold water and apply under the chin, clear up to and under the ears.

2d. If patient does not eject first clyster at once, give a second, with Castile soap in it, and if that is not ejected, give a third, and then wait till the next regular time for giving clyster—say three hours.

3d. Stools are black and highly offensive to smell; are more difficult with women; you must act accordingly.

4th. Nursing must be attended to night and day, to see that patient is made to perspire well, to keep him covered, and to give him his medicines punctually.

5th. Except in rare instances, the disease

lasts three days. If disease has not been properly attended to, vomiting and other serious symptoms usually occur on the third or fourth day.

6th. Relapse is dangerous, and is occasioned, 1st, by exposing patient to air, or current of air; 2d, by his eating too much, or of things indigestible; 3d, by laying in bed too long; 4th, by fatiguing patient or allowing him to sit up late at night; 5th, by going out in the sun too soon.

7th. Convalescence is long and tedious; lasts from fifteen to twenty days. During convalescence, give barley water (*eau d'orge pelé*).

Do not let patient fatigue; and do not allow him to go out in the sun for ten or twelve days.

Let him avoid excesses of all kinds.

CONTUSIONS OF THE EYEBALL.

BY WILLIAM B. MEANY, M.D.,

Surgeon to the Eye and Ear Department of the Louisville City Hospital; Assistant Surgeon to the Louisville Eye and Ear Infirmary; Secretary of the Louisville City Hospital Staff, and of the Louisville Academy of Medicine, etc.

Case 1.—On the 22d day of February, 1878, Miss Katie H., aged 18, consulted me for a defect of vision, which she stated had been troublesome for the past two years.

I was unable at this time to make a satisfactory examination (ophthalmoscopic), owing to the condition of the patient (rheumatism). She stated that about two years ago the vision in the left eye became impaired, and has been gradually growing worse, until two months ago, when she was unable to perceive light. She does not complain of pain in either eye, or impairment of vision in the right.

February 27th. Being sent for, I found her suffering with severe pain in both eyes. A four-grain solution of atropia was instilled into the eyes. A pair of London smoked coquilles, to protect the eye from light, was ordered. The atropia drops to be continued three times a day.

March 1st. Left eye; no perception of light, iris normal, no conjunctival redness, cornea clear. Right eye; cornea clear, no conjunctival redness, iris normal, tension +1.

Opthalmoscopic examination reveals in the left eye a complete detachment of the retina, with plastic retinitis. Right eye; hyperæmic disc, retinal veins large and tortuous, disc cupped, field of vision limited.

Enucleation of the left eye was suggested, with the assurance that the disease would be limited in its effects to the right eye, and perhaps arrested; and if neglected renewed paroxysms would come on continually, until complete destruction of vision in the right eye ensued. The patient hesitated, desiring first to consult with members of her family, before submitting to an operation. Atropia drops discontinued.

March 15th. Chloroform was administered by my friend, Dr. Dudley S. Reynolds. A fold of the conjunctiva was pinched up with a forcep, near the corneo-scleral juncture, and cut through with a pair of scissors curved on the flat, the tendons of the recti muscles caught up with a strabismus hook and divided, the globe turned strongly outward and forward; the scissors were then introduced, closed, into the wound, on the nasal side of the eye, the blades being then separated, permitting easy division of the nerve. The globe was now brought out of the orbit, and the oblique nerves and vessels divided. There was slight hemorrhage, which was arrested by the application of ice water. A suture uniting the superior and inferior margins of the conjunctiva was introduced, a plug of wet cotton-wool inserted between the lids, and a compressive bandage applied.

March 17th. The dressings being removed, a slight suppuration existed, which succumbed very readily to a warm solution of salt water, and a five-grain solution of borax and carbolic acid.

March 22d. A mild grade of conjunctivitis appearing, with orbital neuralgia, and learning that the family physician had prescribed strychnia, this, on consultation, was discontinued.

March 25th. The right eye being free from irritation, it was considered necessary to paralyze the accommodation, in order to ascertain the exact state of vision in the remaining eye. For this purpose a four-grain solution of atropia was ordered to be instilled into the eye three times a day.

March 27th. The accommodation being fully suspended. $S+\frac{1}{30}=\frac{20}{xx}$. The patient is now quite comfortable, and is enabled to read the finest type with ease, the so-called sympathetic irritation having entirely subsided.

This is a case of great importance, in a clinical sense, showing the necessity of enucleation of blind eyes from persons in whom one sound eye remains, as a prophylactic measure.

Mr. Geo. Lawson* says: "The importance of

*"Diseases and Injuries of the Eye," p. 130.

removing, at an early period, an eye which has been so injured as to be useless, and which is exciting irritation in the other, or the inflamed remnant of a lost eye which is acting in the same prejudicial manner, cannot be exaggerated, for though in the early stage of sympathetic ophthalmia the removal of the cause will, and generally does, cause its subsidence, yet when disease has thoroughly taken hold of the sound eye, even the removal of the lost one may fail to arrest its progress."

The operation of enucleation, as now practiced, is wonderfully benign, and if skillfully done, does not in the least interfere with the adjustment of an artificial eye, whose motility will be as perfect as if resting upon a shrunken globe.

We have, in this case, a typical one of the so-called "sympathetic ophthalmia," where the eye has been rendered useless by disease, and attended with inflammation of the uveal tract in the left, and exhibiting evidences of corresponding so-called sympathetic irritation in the right. A most happy effect was gained by enucleation, in arresting the irritation which threatened to develop into a destructive inflammation in the right eye.

Case 2.—Miss Laura D., aged 20, was struck with the fist in the right eye, on December 10th, 1876. The blow was sufficient to knock her down, and caused great swelling of the eyelids, which disappeared in the course of a few days, leaving considerable discoloration of the skin.

On the 12th she had great pain and sense of heat in the eye, when she noticed, for the first time, that she was blind.

On the 15th I was consulted, and found all the rational signs of an ordinary iritis, with the anterior chamber filled with fresh-looking blood. No perception of light; tumefaction of the lower lid, with extensive chemosis. I ordered fifteen grains of quinine to be taken at bedtime, and ten grains each of calomel and chlorate of potash to be taken immediately. A four-grain solution of atropia to be dropped into the eyes every three hours, and smoked coquilles, to protect the fellow eye from the glare of light.

On the 18th she counted fingers at two feet. Ophthalmoscopic examination disclosed retinal hyperæmia.

On the 25th, vision $= \frac{20}{xx}$. There has been no trouble in the eye since that time.

Case 3.—Jerry O'H., aged 48, received a contused wound of the left eye, December 25th, 1876. He complains of pain, with impairment of vision in the right eye. Ophthalmoscopic examination reveals a complete detachment of the retina in the left eye. Examination of the right discloses a hyperæmic disc, with some cupping, which was readily distinguished from the physiological excavation. Anterior chamber very large, the iris flat and tremulous, pupil contracted and acts sluggishly, no conjunctival redness, tension +, field of vision limited. Ordered a four-grain solution of atropia to be instilled into the eye, thrice daily. At the suggestion of enucleation of the left eye he disappeared, and I have not heard from him since.

Case 4.—Miss V., aged 22; detached retina, left eye; on closely questioning, she stated that she was sleeping with an infant, when she was suddenly awakened by a blow received from the infant's hand; she paid no attention to the occurrence, but has noticed since that time a gradual impairment of vision. Left eye; perception of light only. Examination disclosed partial detachment of the retina, extending through the region of the yellow spot. Her eyes are free from pain, and she consulted me only for the impairment of vision. She has promised to return if pain should occur, or any impairment of vision, however slight, should be observed in the remaining sound eye.

Case 5.—Michael F., aged 7 years; complete detachment of retina of right eye; lens dislocated and lies in the anterior chamber. This patient received a contused wound of the eye, by being struck with a hammer. I saw this case four months after injury. Right eye; no perception of light. Left eye appears normal. $S = \frac{20}{xx}$.

Case 6.—Pat. McK., aged 21, undertook to drill out an old hole in a stone previously prepared for blasting; the charge exploded in his face, filling the eyes with dirt and powder. The conjunctival membrane was seriously contused, the corneæ abraded, the skin about the face and neck was filled with particles of broken stone and grains of powder. After removing all the foreign bodies from the eyes and skin the patient was sent to the St. Joseph's Infirmary. A solution of atropia and morphia was ordered as an anodyne collyrium, ten grains each of calomel and chlorate of potash administered, the patient directed to be kept in a moderately dark room, and not allowed to assume the recumbent posture, except when necessary for sleep. Forty-eight hours after-

ward the patient counted fingers with the right eye and had perception of light only in the left.

The cornea now being clear, a rent was observed running vertically through the retina of the left eye, about one line from the temporal margin; very near this, a little within and below, capillary hemorrhage had taken place in the vitreous chamber.

A general course of antiphlogistics was practiced. He now reads $\frac{20}{xx}$ with the right eye, and has perception of light only in the left. The only pathological change now visible in this eye is an atrophic spot in the retina and choroid, at the point of injury, with a small fibrinous film, the remains of an old clot, projecting from the inferior margin of the wound. Every other part of the fundus seems perfectly normal, and the patient claims to have no perception of light, though it can be demonstrated that he sees objects.

Other cases might be added, but these afford sufficient variety of injuries to show their gravity and the necessity for early treatment.

REPORT OF THREE OBSTETRIC CASES.

BY N. B. KENNEDY, M.D.,
Of Hillsboro, Texas.

Case 1.—Nervous Exhaustion. Instrumental Delivery.

Mrs. H., multipara (mother of one child, born dead), aged about thirty. Came under my care March 24th, 1878. Found her in labor at full term; vertex to the left acetabulum; os dilated to the size of a dollar. Pains active, but labor advancing very slowly. The vertex was slowly brought down behind the symphysis pubis, where, under the most active pains, together with warm bath and morphia, it remained for twelve hours. Physical exhaustion now supervening, I determined on applying the forceps, and sent for J. S. Scofield, M.D., to assist me, but the patient beginning to sink rapidly, I found I could not wait for the arrival of the doctor. Having anointed the soft parts of the mother, and my Hodge's forceps, freely with lard, and then ascertaining that the uterine walls had gone up over the vertex, I proceeded as follows: taking the left blade of my forceps in my left hand, passing the fore and middle finger of my right hand up as far as I conveniently could, between the left ischium and the child's head, holding the blade across the right groin in a direction from above downward and inward, the point of the blade being near the vulva, into which I slowly and gently introduced it, the concavity of the blade being in contact with the convexity of the head, the handle coming down as the introduction proceeded, I now forced the handle downward, so as to press back the perineum a little, and handed it to a lady to hold. I now introduced the right blade in a reverse manner to introducing the left blade, and easily united the blades at the lock. Then when a pain came on I commenced to deliver the head by a lever-like rotary motion, following the line of Carus' curve; and allowing, as in natural labor, a few minutes' interval for rest, I had the happiness of seeing the head roll out from under the pubic arch; and another pain coming on, the labor was completed. She was delivered of a fine, healthy male child, and both mother and child did well.

Case 2.—Laceration of Cervix Uteri.

Mrs. P., aged 18, primipara; healthy and well developed; at the end of her term, and in labor. An examination *per vaginam* revealed an os dilated to the size of half a dollar, and a cervix uteri lacerated for two inches or more. A vertex presentation, the cranial bones very much relaxed. The pains came on at regular intervals, but with very little expulsive force. I gave the patient half a grain of morphia and a tepid hip bath; the pains ceased, and she had four or five hours good sleep. Pains returning at the end of eighteen hours, she was delivered of a dead fœtus; the child had been dead long enough for putrefaction to have set in. I introduced my hand and removed the placenta and secundines. The secretions were very dark and quite offensive. And here, thought I, unless great care is used, will be a case of septicæmia. I placed her on good nourishing diet, had her body and bed clothing changed; had her room disinfected, and used a vaginal wash of three grains of carbolic acid to the ounce of water, and directed it to be thrown up to the os uteri three or four times daily. I also directed belladonna plasters to each breast, which arrested the secretion of milk at once. This lady had a good "getting up," and at the end of nine days was able to resume her domestic duties. I did not have an opportunity, after she got well, to examine the rent in the cervix uteri, but have every reason to believe it healed up.

Case 3.—Hour-glass Contraction of Uterus, with Placenta Entirely Adherent. Instrumental Delivery.

I was called, July 27th, 1878, to see Mrs. M., primipara; aged 35. Found her to be a healthy, well developed woman, and in labor. Having married late in life, her mother was fearful she would die in labor, and hence had her near me, so that she might be under my immediate care. Inquiry elicited the fact that she had gone to her full term. An examination *per vaginam* revealed the following condition: os soft and dilated to the size of a quarter of a dollar; vertex presentation, vertex to the left acetabulum; pubic arch very high and narrow; promontory of sacrum not very prominent. The pains gradually increased until morning. Finding it would be some time before labor would be completed, and having a large list of patients to visit, I gave the patient half a grain of morphia and ordered a warm hip bath, with a promise to return in the evening. Returned in the evening, to find the labor had been slowly advancing; the os dilated to half the size of the palm of the hand.

Remained all night with her, and in the morning visited my patients again and returned in the evening. Remained with her all night; pains very powerful; vertex behind the symphysis pubis, and the os fully dilated. The pains being very great, and the labor not advancing, I determined to apply the forceps. I sent for Dr. G. C. Middleton to assist me. After a consultation, we agreed to give her stimulating enemata, ginger toddy, and a moderate quantity of chloroform. After keeping the patient on this treatment for four or five hours, and the labor making no progress, I proceeded to apply the forceps, which I did precisely as in Case 1, and had the satisfaction of delivering her of a fine, healthy male child. Profuse and alarming hemorrhage coming on after the delivery of the child, I directed Dr. Middleton to introduce his hand and deliver the placenta. On introducing his hand into the uterus he detected an "hour-glass" contraction of that organ, with a completely attached placenta. He gradually, and with much difficulty, detached the placenta, and brought it, with the secundines, from the uterine cavity. He then introduced his hand the second time and turned out all clots. I then applied napkins wrung out of very cold water to the abdomen, and soon had the satisfaction of feeling the uterus, through the abdominal walls, contracted into a hard, firm ball. The lady is improving fast, and is making a rapid recovery.

Hospital Reports.

PENNSYLVANIA HOSPITAL.

CLINIC OF R. J. LEVIS, M.D.

Reported for the Medical and Surgical Reporter by C. C. Vanderbeck, M.D., PH.D., Editor Philadelphia *Druggist and Chemist.*

Man; white; aged twenty-two. This patient has just been admitted into the hospital, and is said to have an injury of the elbow. Upon being questioned the patient revealed the fact that he was drunk last night, and while in that condition he fell and struck his elbow. He has suffered pain at this point ever since. In making an examination, to see if fracture exists, examine the ulna first, for, as this bone approaches the humerus, the muscular covering becomes more deficient, and it lies quite superficial, so that if fracture exists it can generally be readily detected. Nothing abnormal is found with the shaft of the bone. The usual symptoms of fracture of the elecranon process, such as inability to extend the forearm, a hollow at the back of the elbow, and a movable prominence at the back of the arm, do not exist. In examining the radius, which is seated deeper and covered with more muscular tissue than the ulna, one hand is placed over the head of the radius and the other hand grasps the hand of the patient. Rotation is then made. In this case nothing abnormal is found with the radius. In the treatment of this case of contusion of the elbow-joint cold applications are ordered to be applied, to be followed by the use of a bandage, for the purpose of keeping the joint at rest, and also to aid in giving it support.

Syphilitic Periostitis.

Girl, aged ten. This little girl has some of the symptoms of periostitis of the upper portion of the right tibia. She complains of deep-seated pain at this point, and by placing the hand over the part undue heat can readily be detected. The child is very anæmic and poorly developed. The lecturer states that when we find periostitis existing in a child of this age, without a previous history of some violence, it will generally be found that the child is scrofulous or syphilitic. The teeth of this child are found to be notched, especially the incisors of the upper jaw.

Treatment.—Free incision down to the bone. This accomplishes two indications—relief of the tension, and gives vent to pus. The after-treatment will consist in simply plugging the wound with carbolized lint, and the part supported with a few turns of the bandage.

The usual after-treatment of operations in this hospital is, free use of carbolic acid, es-

pecially carbolized oil, as it is called. After removal of a scirrhous cancer of the mamma, Dr. Levis had the wound cleaned out by a solution of carbolic acid in water. The parts having been brought together with the carbolized animal ligature, the nozzle of a small syringe is passed into the wound, and carbolized water pumped into it in sufficient quantity to distend the wound, and thus wash out all the clots that may have formed. It is undoubtedly true that imperfect closure is often due to the presence of clots. The strength of the injection used for injecting into wounds is as much of the crystallized acid as cold water will dissolve. As a still additional precaution in the case referred to, a layer of lint dipped in carbolized oil is laid over the wound.

Fracture of the Patella.

Good results are claimed for this fracture in this hospital. The patella will unite as readily as any other bone, if the fragments are kept in contact. The mode of treatment consists, first, of rest, then the use of Malgaigne's hooks, or Levis' modification of Malgaigne's. These hooks must not be used at first, until all inflammatory action has subsided. About a year ago, while using these hooks, Dr. Levis thought that single hooks could be used to better advantage than the double ones as originally employed by Malgaigne. The patella is not a symmetrical bone, but the manner in which the double hooks are made implies that it is. A more perfect adjustment of the fragments can be procured by the single hooks. These are made of steel, nickel-plated. They are attached to a long screw, and by turning this the hooks are made to approach each other. The hook must be secured in the lower fragment first, and this wants to be caught well below, in fact, almost underneath, the patella. The hook in the upper fragment is entered almost vertically, and connected with the lower hook by the screw.

Death from a Burn.

Boy, aged two years. The clothes of this little boy took fire yesterday afternoon. He was brought to the hospital soon after, and prompt attention was given him, but death occurred last evening. There was no destruction of tissue in this case, and had the boy lived he would not have suffered from any of the consequences of a burn, such as the formation of scars and the adhesion of contiguous surfaces. Burns are very common, especially in children, and at this time of the year. There used to be a ward in this hospital especially for the treatment of burns, and it was nearly always full of patients. An illustration of death occurring from the shock of a burn has lately been shown us here. A man fell into a vat of hot water; it was not scalding hot. He was able to walk to the hospital, but upon seeking admittance at the gate it was refused him for some time by the physician in charge, as the only thing that seemed to be the matter with the man was an erythematous blush of the skin. He was admitted, however, and put to bed, and died in less than an hour afterward.

The lecturer takes occasion to remark that many of our modern surgical writers have ignored, very improperly, some of the divisions of burns which were made by some of the older writers upon the subject. Thus, Gross makes only two divisions. Dupuytren makes the best division; viz., into six degrees, according to the intensity and depth of the burn. 1. Erythema. 2. Cutaneous inflammation, with desquamation of the skin, and development of vesicles. 3. Destruction of a part of the thickness of the rete mucosum. 4. Total destruction of the skin as far as the subcutaneous cellular tissue. 5. Sloughing of all the superficial parts of the muscles. 6. Total carbonization of the whole thickness of the injured part.

Treatment of Burns.

If the epidermis has not been removed, mild antiphlogistic means should be used, as laudanum and lead water. If it has been destroyed, soothing ointments are very comforting to the parts, as oxide of zinc ointment; anything, however, that will prevent the contact of the air with the excoriated surface, and soothe the exposed nerve filaments, can be used. Internally, give anodynes sufficient to relieve pain, and stimulants to counteract shock and depression.

WILKESBARRE CITY HOSPITAL.

Recovery after Hip-joint Amputation for Removal of Osteo-cephaloma of Femur,

Performed at the Wilkesbarre City Hospital, by Dr. J. A. MURPHY, assisted by the Staff and R. A. KENNEDY, resident physician.

REPORTED BY R. A. K.

Martin T., aged 20 years, was admitted to the hospital, January 31st, 1878, suffering from an enlargement of the thigh, which, upon examination, proved to be encephaloid. Measurement of the tumor showed it to have attained a size of 28 inches in circumference, and in length 13½ inches. The history of the case developed the fact that the growth had been very rapid, extending over a period of (only) about nine months. Some time prior to the appearance of any signs of cancer, the patient had received a mine injury, at about the middle third of the femur, and from this point the enlargement first presented, progressing with the rapidity above indicated. At the time of his admission the condition of his general constitution was clearly apparent by the emaciated appearance he presented, so much so that it was questionable as to whether an operation would be justifiable. However, after consultation, he was put upon preparatory treatment, and amputation performed, February 5th. The operation was attended with but slight hemorrhage, having previously tied the femoral. The mass had be-

come unusually vascular, requiring more ligation than ordinarily. Dry dressing was resorted to, in the shape of borated cotton, and, although the shock was severe, upon the following morning patient was found to be bright; temperature about 102°, pulse 104. During the first week not much variation in temperature or pulse, at the expiration of which time secondary hemorrhage occurred; this being promptly attended to no bad effect followed; slight sloughing of the stump and the development of an extensive bedsore resulted, the latter proving more obstinate than the process of healing.

Constitutionally he was treated with chemical food, cod-liver oil and extract of malt. With nutritious diet, and the careful observance of hygiene, his improvement was rapid. Discharged during the month of June, presenting the characteristics of health, with no sign of a return of cancerous growth.

Editorial Department.

Periscope.

The Forms of Consumption Peculiar to Age and Sex.

In an article on this disease, by Dr. J. E. Pollock, in the London *Medical Times and Gazette*, the author says:—

There are forms of disease belonging to certain ages. Acute tuberculosis, acute struma, the external glandular and joint affections, and the abdominal as well as pulmonary scrofulous affections, belong mostly to early life. So also phthisis originating in zymotic disease. Hæmoptysis is very rare in early life, and also extensive fibrous changes in the lung.

To early adult life belong ordinary progressive phthisis, catarrhal pneumonia, phthisis with hæmoptysis as an early symptom, the gastric and laryngeal complications, unresolved pneumonias and pleurisy originating phthisis.

To middle life belong the chronic single cavity, chronic basic disease, and that diffused deposit in the lung which I have described; so also the dust-impaction cases from mines, stone-dust, collieries and workshops; fibroid alterations of the lung associated with some of these conditions; and the more extreme instances of contracted side with displaced viscera and secondary dilatation of the larger bronchi.

In old age we find very chronic cavities, fibroid change, the chalky-gouty degenerations, and the combination of bronchitis, emphysema and phthisis. Old age, like childhood, is rarely subject to hæmoptysis.

As regards sex, the results of many thousands of observations have shown me some interesting facts. In males there are many more cases of phthisis at puberty; they are more subject to profuse hæmoptysis in the proportion of 267 to 84 females. An arrest of phthisis occurred in 45 males, but in 23 females only. Chronic dry cavity in 122 males to 84 females; chronic second stage in 147 males to 119 females; chronic strumous phthisis in 155 males to 130 females. In phthisis occurring after forty-five years of age, 174 were males and only one-third were females. The combination of rheumatism, heart disease or gout with phthisis is more common in males, as 92 to 50. Slow senile phthisis in 100 males to 21 females. In females the first stage was observed to be more prolonged, and slight hæmoptysis is more frequent. The influence of pregnancy and lactation should be remembered in considering sex. Pregnancy appears to suspend phthisis, which is commonly precipitated after labor, but lactation accelerates it.

It is a common observation that hereditary cases do worse, as a rule, than phthisis which we call accidental—that is, disease acquired by habits or injurious influences, as trades, etc. Concentrated heredity, e. g., the intermarriage of two consumptive people, or the transmission through parents of hereditary disease from an ancestor on both sides, generally produces a rapid form of disease. Often, in childhood, tubercular disease of bone, glands, mesentery, brain, comes from this source; but if the individual lives long enough the lungs suffer. Again, forms of disease are transmitted, as very slow phthisis in parents and their children, of which I know many instances. There are families who cannot outlive a certain age, but die off, of phthisis, at twenty-one or twenty-five.

Vascular Growths of the Meatus in Women.

A case of this character is given by Dr. J. S. Warren, in the New York *Medical Journal*. He adds: This case, that of vascular growth at the meatus urinarius, is typical of one of the most painful diseases, and exists in women of all ages, but is most commonly found in those who are middle-aged or past the menopause. The growths are of all sizes and forms, varying from a slightly congested and hypertrophied condition of the mucous membrane of the canal to the size of a full grown raspberry, to which, indeed, it bears no small resemblance. It is generally situated at the meatus externus, and therefore readily discoverable by an ocular examination after separation of the labia, though not infrequently it is a little further distant within, and in such cases I have made use of

the ordinary ear specula for their detection and treatment. This tumor may be pedunculated or sessile in growth, is of a bright scarlet color, easy to tear and bleed, and, as a rule, exquisitely tender and sensitive to the touch; so that urination, coition, friction from clothing or from washing, give most intense pain and suffering. In some instances, however, when I have made vaginal and uterine examinations for other symptoms, I have found these growths yielding no painful sensations whatever; and from their history I have judged that they may exist a considerable length of time, until some exciting cause, as friction or disordered urinary secretions, makes them irritable.

The treatment for the removal of these painful growths is excision by the scissors, cauterization by the actual cautery, nitric or carbolic acids, the silk ligature and the snare—the one used for aural purposes is best adapted, and is especially useful when the caruncle is situated some little distance from the meatus; here, too, the ear specula or a glass tube is very useful for caustic application to the diseased portions of the urethra, for, when the growth is sessile in character, its complete destruction by a powerful escharotic, like nitric acid, or the actual cautery, is necessary.

The Exciting Causes of Asthmatic Attacks at Night.

In an article on asthma, in the *Medical Press and Circular*, Dr. J. B. Burkart writes—

The air of bedrooms, especially in the winter, proves, perhaps, the most frequent cause of the "nocturnal" asthma. Notwithstanding the diminished energy of all the vital changes during sleep, at least one thousand cubic feet of air pass every hour through the lungs and return from them charged with more than four per cent. of carbonic acid, and completely saturated with water vapor; and the expired air contains ammonia, probably from decayed teeth, or from particles of food decomposing in the mouth, also hydrogen, hydrocarbons, and sulphuretted hydrogen, which, in consequence of a faulty digestion, may diffuse themselves into the intestinal veins, and be eliminated by the breath. The products of perspiration and those derived from the combustion of candles, lamps, or gas, contribute in their turn to increase the insalubrity of the place. It is known that air which contains one per mille of carbonic acid is irrespirable, and its injuriousness is due, not so much, perhaps, to that gas itself—which, when pure, may without harm indeed be inhaled in a somewhat larger quantity than is then present—but to the organic substances which always accompany it. Yet even a slight excess of the pure carbonic acid causes turgescence, a sensation of heat and pricking in the conjunctival and respiratory mucous membranes, while, at the same time, it increases the cutaneous and mucous secretions. In the presence of organic substances, however, a much smaller quantity of it becomes highly irritative. The inflamed mucous membrane of the respiratory tract seems particularly susceptible to its influence, and Hauke is led to conclude that the coughing fits of pertussis are traceable to that source. The manner in which the organic substances act is as yet obscure. If it were permissible to speculate on the subject, the dyspnœa which they undoubtedly produce may, perhaps, be attributed to the "oxysulphide of carbon," which, according to Radziewsky, arises from putrefying organic substances, and is widely spread in nature. Radziewsky himself, on inhaling oxysulphide of carbon, immediately felt a pressure on the head, a tendency to vertigo, and constriction across the chest; there was, moreover, the sensation as if the air-passages were obstructed. He soon, however, recovered, on exposure to the open air. Experiments on animals gave the same results, dyspnœa and great distention of the thorax. Now, however large a bedroom may be, a few hours' occupation of it will render it insalubrious in the manner just mentioned, unless the air be constantly renewed, to the extent of at least two thousand cubic feet per hour and person. How imperfect even such ventilation must be, as regards the removal of the gaseous impurities, in comparison to their dilution out of doors, is evident from the fact that here more than six millions cubic feet of air are available for the purpose. Unfortunately asthmatics, as a rule, adopt no measures for the supply of fresh air. They rely on natural ventilation, or persuade themselves, if this matter even receives their attention, that opening the door of the bedroom is all that is wanted. But the consequence of that neglect is that on account of the slow diffusion of gases the patients are surrounded by the noxious exhalations which they themselves produce. As the temperature of the room is raised by respiration, foul gases from kitchen sewers and other sources are thus attracted into the room more readily than fresh air. After several hours, the atmosphere becomes so vitiated that respiration is impossible; so that toward morning the patient is roused from his sleep by an attack of asthma, and he is forced to seek relief at the open window.

On Tedious Labors.

In an article in the Transactions of the London Obstetrical Society, Dr. G. Hamilton expresses the opinion that it is the length of the labor which especially proves hurtful to both mother and child. The first stage of labor should be little, if at all, interfered with, but its length should be a guide as to the second, which should not usually be allowed to be prolonged much beyond two hours, and even less when the first stage has been long and exhausting. The shortening of the second stage can be effected by supporting and pushing up the uterus over the head, or by the use of the forceps. If the head be high up the forceps should be applied, and when the head has been made to advance into the pelvis the instrument should

be taken off and the blades be reapplied over the ears. Anæsthetics or ergot should never be given in the first stage, and in the second stage as seldom as possible. The former should be used only near the close of labor, and the latter with a view of increasing the pains and thus bringing the head within reach of the forceps, or else at the close of labor with a view of anticipating a threatened hemorrhage. The application of forceps within the uterus should be avoided as much as possible, and this use of the forceps can often be escaped by assiduously pushing up the uterus with the fingers or hand, both anteriorly and posteriorly. In this way the application of the instrument is made easier, and the risk to the mother is lessened. Whenever the face is to the pubes it is to be remembered that rotation to the left is sometimes easier than to the right, owing to the fact that the occiput encounters the rectum when the face is turned to the right. In cases where a post-partum hemorrhage occurs, and suprapubic pressure and the emptying of the uterus of clots have failed, he advises the use of pressure and counter-pressure by the introduction of the right hand under the uterus, while the left is placed above the pubes.

How to Measure the Length of the Lower Limbs.

Dr. Henry Banga gives the following directions, in the Chicago *Medical Journal and Examiner*:—

The anterior superior spinous process of the ilium is carefully marked, on both sides, with ink or a colored pencil, while the patient keeps a horizontal position in bed. He then is directed to rise to his feet, and to assume as straight and natural a position as possible. Especially must both feet be brought into natural abduction, the heels touching, if possible, one the other. The practitioner, who is standing at a distance of from two to three yards before the patient, will at once recognize the shorter leg from the lower position of the corresponding spinous process. An assistant should then put pieces of wood, one-eighth of an inch thick, under the foot of the shortened leg, till the anterior superior spinous processes are on a level. The height of the wood block necessary to raise the lowered spinous process to the horizontal line designates the accurate amount of shortening.

If the practitioner should not trust his eyes in judging of the symmetry of the pelvis, he can establish a very simple level by placing between the patient and himself a table, whose edge will guide him in appreciating the horizontal relation of the marked processes, or he may resort to the instruments that stone cutters use in similar cases.

I hardly need add that the measure of the height of the pile of boards on which the shortened leg rests should be taken while the patient is standing on it.

I am satisfied that this simple method of measuring the shortening of the limbs enables us to demonstrate very small differences, such as require no correction at all. Furthermore, if the measure is taken while the patient is erect, the full weight of his body forces the muscles and joints of the lower extremities to assume their natural position. We should thus be able to avoid the many errors to which Dr. Bartlett has called attention, as resulting from differences in adduction, abduction and flexion.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——Dr. M. Landesberg, of this city, has had printed at Cassel a study on cataract, entitled, "Zur Statistik der Linsenkrankheiten." It is characterized by the same careful preparation as his other papers in ophthalmology.

——The Annual Address before the Society of the Alumni of the Medical Department of the University of Pennsylvania at its last meeting, has been printed. It is by Dr. W. A. B. Norcom, of N. Car., and his subject is "Defective Medical Education the Chief Obstacle to a Proper Appreciation of our Profession by the Public, and what our Alma Mater is Doing to Remove It." It is a thoughtful address.

——The Case of Cholecystotomy, by Dr. Marion Sims, to which we referred a few weeks ago, has been republished in pamphlet form, from the *British Medical Journal*. We have a few copies from London. Price 50 cents.

——The American Medical College Association publish the minutes of the meeting last June. (Paper, pp. 10.) To be had of the Secretary, Dr. Leartus Connor, Detroit, Mich.

——A Curious Medico-legal Study, by Dr. Joseph Jones, has been reprinted from the New Orleans *Medical and Surgical Journal*. It relates to the detection of human blood, presenting the alterations characteristic of malarial fever, on the clothing of a man accused of murder. Not only did Dr. Jones pronounce the stains on the accused's clothing to be blood, and human blood, but the blood of a man who was suffering at the time of his death of malarial fever! Largely on this evidence the accused was convicted.

——The Minutes of the State Medical Society of Arkansas, at its Third Annual Meeting (1878), make up a pamphlet of 44 pages.

——Dr. L. McLane Tiffany, Professor of Operative Surgery in the University of Maryland, reports, in a reprint, the removal of a nasopharyngeal polypus by temporary depression of both upper jaws.

——The American College Directory, published by C. H. Evans & Co., 411 N. Third st., St. Louis, is a useful compilation, containing a list of all the leading schools and colleges in the United States. Sent free by the publishers, on receipt of 10 cents for postage.

BOOK NOTICES.

A Text Book of Operative Surgery, and Surgical Anatomy. By Professor Claude Bernard and Ch. Huette. Illustrated by eighty-eight plates, drawn from nature, and engraved on steel. Translated from the French and edited by Arthur Trehern Norton, F.R.S.C., Surgeon to St. Mary's Hospital, London, etc. 8vo, pp. 441. Published (in the United States) by D. G. Brinton, 115 South Seventh street, Philadelphia. Price, cloth, $8.00; full leather, $9.00.

Few names in contemporary medicine stand higher than those of the authors of this volume, and the translator and editor ranks among the most distinguished London surgeons. The completeness and finish of the work is what we might expect from such a combination of ability.

There are eighty-eight full-page plates, engraved on steel with consummate skill, each plate containing from five to ten separate figures, illustrating in a vivid manner the steps of all the usual operations in surgery, and the various most popular methods of each operation. The editor has not confined himself to the original text, but has added freely from the latest additions to the science of operative surgery, all that has important bearings on each operation, with special reference to those procedures which are in vogue at the present day.

Taking up the book at random, we open at page 303, where we find the operation for "accidental artificial anus." It is illustrated by a full-page plate containing seven figures. The descriptive text occupies eight closely printed pages. First, the pathological anatomy of the lesion is discussed, and the parts known as the spur and the membranous funnel are explained and illustrated. Then follow the treatment and operations: first the palliative treatment by dilatation and tubing, then the curative treatment by obliteration. The complications which must be removed, and the preparative measures, are laid down, and the various operations described; that of Desault, by destruction of the spur; that of enterotomy, as practiced by Dr. Physick, of Philadelphia, in 1809; that of Dupuytren, as improved by Jobert; Vidal's method, by cauterization; Velpeau's plan, by excision; and Malgaigne's, by isolation of the bowel and a peculiar method of closing the external wound.

This example indicates the completeness of the work, and it is an entirely fair one. Thus ten pages are devoted to operations for hare-lip, with fourteen separate figures; while hernia has twenty-four pages of explanatory text, with twenty-five engravings, showing with the most desirable fidelity the anatomy, pathological, surgical, and theoretical, of the lesion, and the operations designed for its relief.

The scope of the work embraces the whole ground of operative surgery. The earlier sections are occupied with the operations of minor surgery, such as sutures, setons, cupping, scarification, and venesection. Then follow arteriotomy, and the operations for the ligation of all the principal arteries. Fifty pages are given to these subjects, and seventeen plates. Disarticulations, amputations and resections follow; then trepanning, operations on the eyelids, lachrymal apparatus, muscles and lenses of the eye (cataract, etc.) and on the ear. Hare-lip, staphylorraphy, goitre ligation, bronchotomy, etc., come next; then operations on the breast, abdomen, intestines, bladder, and urethra, including, of course, lithotomy, hernia, varicocele, catheterism, etc. Nearly sixty pages are occupied with the operations practiced on the genital organs of women. Tenotomy and club-foot are the concluding chapters.

The volume is moderate in size, and by the selection of a small but unusually clear type, the editor has been enabled to impart an extraordinary amount of detailed information on each of the numerous topics discussed. The number and exceeding fineness of the plates make the work one of the cheapest offered to the medical public. A few copies with all the plates exquisitely colored, are offered in leather, at eighteen dollars.

THE

Medical and Surgical Reporter.

A WEEKLY JOURNAL,

Issued every Saturday.

D. G. BRINTON, M.D., EDITOR.

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ARSENICAL PREPARATIONS AS COSMETICS.

According to various reports in the daily papers, the use of arsenic internally as a cosmetic is largely on the increase in this country. It is stated that the drug is taken both to improve the complexion and increase the flesh. Its use is not confined to the *demi-monde*, but is averred to be common in all classes of society.

An inquirer who gives the result of his investigations in a city daily, states that a popular form of it is in an arsenical confection. He did not find this on sale in several drug stores he visited, but the clerks knew of it and offered to obtain it. He goes on to say:—

"With a single exception, some other preparation of the drug, solution or granule, was offered in all, with the assurance that it was "quite as good" as the article inquired for. Fowler's solution is easily obtainable everywhere, as is also Donovan's and De Valangin's; but in their sale there is frequently some mild form of inquiry as to intended use—some pretense of compliance with the law regulating the sale of poisons. When the granules are called for even that small formality does not seem to be generally insisted upon. A new preparation, a syrup of arseniate of iron, invented not long since in Paris, has lately been introduced; it is asserted that it possesses all the properties of arsenic without its toxic action. Arsenic and iron are antidotes for each other, but in this preparation they are combined, and it can be given freely in doses of one-tenth of a grain, although about fifty per cent. of it is arsenic. It is claimed that this arseniate of iron will produce all the good effects for which arsenious acid is taken, without entailing the horrible consequences to be feared from the use of the latter. It is hard to believe, however, that this can be the case, for the effect sought is not a healthful and natural condition, but a diseased one. Another arsenical importation is Barboule's arsenical water, and, by the way, all the imported Vichy water contains a trace of arsenic in solution. Barboule's water is recommended as having the same effects as arsenious acid granules, if taken in sufficient quantities; and, if so, must, of course, be expected to induce the same fatal consequences, if persisted in. A Baltimore firm sells large quantities of what they call "sulphide of arsenicum," by the use of which, they tell women, "your complexion can be made to rival the lily and the rose." It is to be taken internally, and the results promised from its use, leaving aside the advertisement flourish, are precisely those obtained from the use of arsenic in the earlier stages. Besides, the name avows it to be a preparation of arsenic. Notwithstanding all this it is advertised as "absolutely harmless," and the proprietors, in response to letters of inquiry about it, assure women that it "contains no arsenic."

This is a subject which deserves the close attention of the sanitarian. The physiological effects of arsenic are not so well known as they should be, in spite of the ample opportunities offered by the large consumption of the drug in health. The arsenic eaters of Styria are familiar to all, and there are various springs whose waters contain appreciable quantities of arsenic, which waters are drank freely by residents.

In this connection a series of experiments recently published by C. GIES, in the *Archiv für experimentelle Pathologie*, B. VII, merit attention. He fed some rabbits, cocks and pigs, for four months, on gradually increasing doses of arsenious acid. All the animals increased in size and weight, and the osseous growth was stronger. Where usually spongy bone substance is found, the animals showed a compact formation. The cortical portion of the diaphyses

was thickened. The fat was increased over the whole body, and on dissection was found well-marked in the structure of the muscles of the heart, in the liver, kidneys and spleen.

With increasing doses the characteristics of chronic arsenicism became evident; as subacute inflammation of the stomach, excessive hyperæmia of the skin, and marked fatty degeneration of the viscera. The females all aborted of dead fœtuses, which also showed distinct signs of the toxic action of the drug.

One curious fact observed by GIES seems new, and has a very practical bearing. It was that animals in the same room with those fed on the arsenical food showed like changes in the bones and viscera, though to a less degree. This GIES explains by their absorption of the arsenic eliminated from the lungs and skin of their neighbors. What a prospect is this for the man whose wife is thus absurdly immolating herself on the altar of vanity! What danger it intimates for the infant whose nurse shares in this ambition to be beautified!

NOTES AND COMMENTS.

The Post-mortem Diagnosis of Nulliparity.

An interesting paper on this subject was read, at a late meeting of the London Obstetrical Society, by Dr. John Williams. The author pointed out that the conditions found in the uterus after death, and which were usually relied upon in coming to a conclusion as to parity or nulliparity, were insufficient, inasmuch as similar conditions of uterus might be the result of disease. He thought, however, that marks characteristic of previous pregnancy were to be found in the blood vessels of the uterus. The arteries, on section, in a fresh specimen, projected above the surrounding surface, their walls were of a whitish-yellow color and opaque, and their canals remained patent. On microscopic examination the three layers of the arterial wall were found to be thickened, and to present a marked contrast with those of the organ in the virgin state. The exact value of these appearances in the diagnosis of the previous existence of pregnancy could not, at present, be determined.

Berlin Treatment of Scarlet Fever.

In the last volume of the reports of the Charity Hospital, Berlin, Professor Henoch has an article on scarlet fever, in which he treats of the anomalies of its progress, its malignancy, complications and treatment. On the latter point he recommends, when stimulants are indicated, to employ cognac, coffee, camphor and musk. When swallowing is interfered with by the swelling of the fauces, he uses nutritive enemata and local hypodermic injections of camphor; *e. g.*—

℞. Camphoræ pulv., 0.6 G
Alcoholis,
Aquæ destillat, āā. 5.0 G. M.
SIG.—Inject a syringeful.

When the pyrexia is marked, he employs lukewarm baths; cold baths he considers dangerous, as leading to collapse; but he is not afraid of cold sponging and the hydropathic pack.

Treatment of Chorea.

Prof. Germain Sée (*Union Med.*, August 1) has but a very low opinion of the efficacy of drugs in the treatment of chorea. In the slight forms, he observes that treatment is well nigh useless, and we ought to content ourselves with prescribing sulphurous baths. When the disease has lasted a considerable time, and its subjects have become anæmic, the administration of the various tonics, and especially iron, is indicated. Finally, in very bad cases, we may have recourse to inhalations of chloroform, for the purpose of curbing the movements when these are very violent. Arsenical preparations also possess a certain amount of efficacy; but it is right to say, in a general manner, that chorea cures itself, and that the various modes of treatment which are resorted to exert little effect on its duration.

Paracotoin as a Remedy in Epidemic Cholera.

Prof. Baelz, of Tokio, Japan, contributes to the *Centralblatt* of July 6th an account of his striking success with this remedy in cases of malignant cholera. He administered it in doses of 0.2 gramme by hypodermic injection, suspended in equal parts of glycerine and water. The cure was prompt in five cases, all in which he used it, and the Japanese government has taken measures to provide a supply of the drug, in the event of another outbreak.

Poisons Developed by Putrefaction in Corpses.

A contribution of much importance to forensic medicine has been published at Bologna, this year, from the pen of Prof. F. Selmi, entitled *Sulle ptomaine od alcaloidi cadaverici.* He gives the name *ptomains* to certain alkaloids generated by the process of cadaveric putrefaction, which bodies yield very similar reactions to morphia, conia, delphinia, and other poisonous vegetable alkaloids. Instances are added where experts had proclaimed the presence of these poisons in corpses, and had testified, therefore, to death by murder, when, on further examination by Drs. Selmi and Vella, it was proven that the suspected substance was not of vegetable origin at all, but one of these ptomains. The grave nature of such an error is too manifest to need comment.

The Organs of the Sense of Space.

Further studies by Professor E. Cyon have led him to localize the organs of the sense of space in the semi-circular canals. The sensations which are brought to consciousness in each canal correspond to one of the three dimensions under which we are cognizant of space (length, breadth, thickness). What is known as vertigo is produced by a disturbance of the function of the semi-circular canals, the characteristic of this condition being a disturbance of the sense of space, or a conflict between the new sensations of space produced by this disturbance, and those to which we have been accustomed.

Vaccination in Syphilitic Subjects.

Dr. S. Pratt, in writing to the *British Medical Journal*, says:—

I should be obliged if you would record a fact that I have invariably noticed, but of which I have no recollection of having seen any mention made; it is, that it is quite impossible to get a well-formed vesicle in a congenitally syphilitic infant. I have, in numerous instances, vaccinated infants with fresh lymph from healthy sources, that had been previously treated for congenital syphilis, but were at the time of vaccination perfectly free from all eruptions or snuffles, or any outward signs of syphilis, but constantly with a negative result. Sores were formed, discharging an ichorous-like material, but no true vesicle was ever obtained; and, from the number of cases I have watched, I am in a position to state that it is an impossibility to obtain a true vesicle in a congenitally syphilitic case. Whether the vaccination in these cases is protective I am unable to state, as I have never had the temerity to vaccinate another subject with lymph from such a source.

Action of Purgatives.

The *Doctor* says that Briger, experimenting by Moreau's method, finds that in all cases secretion is increased. There is not only transudation of fluid, but the contents showed that the intestinal glands had acted freely. This applies to neutral salts and to drastics. The latter, in full doses, produce inflammation. All excite peristalsis. Simple laxatives, viz., senna, rhubarb, calomel, aloes, gamboge and castor oil, seemed only to excite peristalsis, without increasing secretion. The loops of intestine in which they were introduced by their active movements spread the drug all over the mucous membrane, and the aqueous part of an infusion of senna was removed.

Algerian Remedy for Hydrophobia.

The Arabs of Algeria are said to treat hydrophobia successfully by administering, internally, some species of blistering beetles. In the French journal *Les Mondes*, M. Reiche states that the fragments which were sent him are those of coleoptera of the species *Meloë tuccius* and *Mylabris tenebrosa*, belonging to the family of blistering beetles, and well known as powerful vesicants. Their congeners are common in France (and America), and possibly the same effect would be produced by cantharides.

Late Uses of Pilocarpine.

The nitrate and muriate of pilocarpine may be injected subcutaneously, in doses of one-quarter and one-third of a grain. Dr. Ortille finds it valuable in obstinate hiccough, Weber, in croup, and various writers, in dropsy. The action is much more certain and twenty times stronger than jaborandi. The effects are produced in from one to four minutes. Vomiting is sometimes produced. The temperature falls in some cases from 99.3° F. to 96.4° F., or even to 95.5° F. Sometimes there is pericardiac pain. No marked influence on the urinary secretion. The solution loses much of its action after being kept two or three days, therefore it should be made fresh when wanted. An injection of about one-hundredth grain of sul-

phate of atropine stops at once sweating and salivation. In ophthalmic medicine it has been employed in serous irido-choroiditis with diffuse opacity of the vitreous body.

Correspondence.

Cause of Cholera Infantum.

Ed. Med. and Surg. Reporter:—

Referring to an article in your issue of the 17th instant, by J. H. Nowlin, M.D., of Little Rock, Ark., I join hands with him in scouting at the notion that teething is the cause of cholera infantum, or that gum-cutting is beneficial to the little sufferers.

My own belief, justified by some twenty years' observation, is, that the prime cause of cholera infantum is the neglect of proper covering to the stomach and bowels; in other words, that "cold," so called, is the cause. In no case where I have had sole professional care of infants has cholera infantum occurred. My invariable rule has been to continue the flannel bandage (similar to the one worn at birth) for at least two years, and after that a flannel shirt next the skin, lighter in summer, but real flannel always.

Those who have not tried the efficacy of flannel wraps to the abdomen in cases of obstinate cholera infantum, diarrhœa or dysentery, will be surprised at the comfort evinced by the patient, and themselves gratified to find the disease respond more quickly to their remedial measures.

As to gum-cutting, it is a relic of barbarism (excuse the apparent allusion to the tonsorial profession, who still claim it as their prerogative), and should be discountenanced. Never, since my "first case," have I practiced it, as I then saw that the tooth would not come through the "hole I made for it," nor the gum recede, let it "press ever so hard" upon the protruding tooth.

B. H. Bailhache, M.D.

Baltimore, August 17th, 1878.

Prussian Blue in Malarial Fever.

Ed. Med. and Surg. Reporter:—

Through the suggestion of a friend of mine, of your city, I was led to the use of the above article in some stubborn cases of intermittent fever, more particularly that form termed "dumb ague or chronic chills." Now, after the use of it for several years, I have found it an efficient remedy, and have rarely been disappointed in being able to effect a cure. It must be given in pretty large doses, much larger than is directed in any of our books, to have this desirable effect, say ten grains three times a day. This amount, in my hands, has proved sufficient for an adult. In looking at the article chemically, we might fear using such large doses, but, after experience, I have seen nothing bad result from it whatever. Given in powder, dropped upon the tongue and washed down with a little water, is the most eligible way of administering it. The taste is somewhat similar to that of powdered charcoal, and but few complain of it being unpleasant to take; in this way even children take it readily. Given in pilular form, a dose would make three pretty large pills; this amount having to be taken three times a day, we would find but few that would submit to it. Prussian blue, being a chalybeate, has the effect of that class of remedies, as well as that of an antiperiodic, and I find it to be most efficient in those cases where there is a "run down" or anæmic condition, and when a cure is effected it is more permanent than that from quinia. There are some cases where quinia will not make a permanent cure, even when given under the most approved plan, which, I believe, is, after the chills have been arrested by it, to keep them from returning by giving a full dose the day preceding the seventh, fourteenth, and twenty-first day following the last chill. Now, in these cases, where quinine has so failed, the ferrocyanide of iron comes in as just the thing.

W. L. Martin, M.D.

Rancocas, N. J., August 23d, 1878.

Treatment of Mammary Abscess.

Ed. Med. and Surg. Reporter:—

Having noticed in the Reporter, vol. xxxix, No. 6, the treatment of mammary abscess, by S. W. Gould, M.D., I feel disposed to add my testimony to the facts which he has so well stated.

For ten years past I have not had the unpleasant task of opening mammary abscess, where either chloroform, chloroform liniments, or the atomized sulph. ether had been freely applied to the affected breast, before suppuration had commenced; and I have known either application to give prompt and effectual relief, even after the patient was suffering from severe rigors. A very popular remedy here, with both regular and irregular physicians, is a composition of kerosene and camphorated alcohol, applied as a liniment. Very respectfully,

A. M. Armstrong, M.D.

Coryell, Texas, Aug. 17th, 1878.

Another Advantage of Forests.

An English contemporary informs us that, in India much importance has been attached, in recent times, to plantations as preventives of cholera. It has been always observed that the villages in wooded districts suffer less than those in treeless plains. Many instances of this are given in the reports of Dr. Bryden, President of the Statistical Office in Calcutta, and Dr. Murray, Inspector of Hospitals. The Bavarian Forest Department has established meteorological stations, with special reference to forest culture, under the superintendence of Professor Ebermayer, of Aschaffenburg. He has published his first year's observations, which may be recommended to any one wishing to study the subject.

News and Miscellany.

American Association for the Cure of Inebriates.

The American Association for the Cure of Inebriates will hold its tenth annual meeting at Boston, Mass., commencing Tuesday Sept. 10th, 1878, at 10 A.M., in Union Hall. A very important meeting is anticipated.

Gallipolis, O., Medical Society.

At a meeting of this Society, Aug. 7th, the following officers were elected for the ensuing year: W. C. H. Needham, President; F. A. Cromley and D. G. Maupin, Vice Presidents; R. A. Vance, Secretary; W. S. Newton, Treasurer; Drs. Jacobs, Guthrie and Sanns, Censors.

Sanitary Report for Week Ending August 23d.

The following is the official report from the office of the Surgeon General of the United States Marine Hospital Service, Washington:—

New Orleans.—During the week ending August 23d there were 771 cases of yellow fever and 295 deaths, making, in all, 1673 cases and 534 deaths. During the twenty-four hours to noon yesterday there were 123 new cases and 40 deaths.

Vicksburg.—At least 400 cases of yellow fever, from date of commencement, August 12th, to yesterday evening, and 69 deaths; 20 deaths during last twenty-four hours. Dr. Booth, in charge of the Marine Hospital Service at that port, telegraphs: "I am sick; impossible to procure accurate data."

Memphis.—144 cases of yellow fever and 53 deaths during six days, to Friday evening.

Canton, Miss.—First case of yellow fever occurred at Canton, on August 1st. To yesterday evening there were 18 cases and 8 deaths.

Port Gibson, Miss.—First case of yellow fever originating in Port Gibson, occurred August 3d, resulting in death August 8th. The disease began to spread August 14th. 118 cases and 9 deaths to yesterday morning.

Cincinnati.—To yesterday evening no more cases of yellow fever had developed at Cincinnati since the two mentioned in the last report. The engineer of the steamer "Golden Rule" was admitted to hospital on the 22d instant, with yellow fever, and also one other case, probably yellow fever, from Memphis.

Morgan City, La.—One case of yellow fever August 21st; patient from New Orleans.

Ocean Springs, Miss.—Three cases of yellow fever and 1 death, all imported.

St. Louis.—Four refugees died of yellow fever, at St. Louis, during the past week.

Louisville.—Four river boatmen suffering from yellow fever are under treatment in an improvised hospital, on the Marine Hospital grounds, admitted from steamers "John Porter," "Sunflower Belle" and "Golden Crown," on the 17th and 18th instant.

Mobile.—The case reported as yellow fever, August 16th, is now officially announced as undoubtedly a mistake. Dispatches to 23d instant report good health.

Key West.—No yellow fever for three weeks to yesterday evening.

Grenada, Miss.—So many of remaining population stricken with the fever that definite information of number of cases and deaths could not be obtained.

Recent Views of Yellow Fever.

Dr. J. M. Woodworth, Surgeon-General U. S., Marine Hospital Service, has issued a circular to the officers of that service, containing some valuable suggestions on this epidemic. They are of such a nature that we believe our readers will gladly see them reproduced in this journal. He says:—

"* * * * The weight of scientific evidence seems to warrant the conclusion that yellow fever is produced by an invisible poison, capable of self-multiplication outside of the human organism, which it enters through the air passages. The poison germ, or miasm, is a product of the tropics. In this country, yellow fever has prevailed in most of the Gulf and Atlantic cities, and in many of the towns along the Mississippi river. In some instances it has been carried inland with the people fleeing from infected localities, but it has never shown a disposition to spread epidemically at points remote from the continuous water roads of commerce, or to lodge in high, salubrious places. The cities of the Great Lakes have always been free from the disease. Yellow fever cannot be said to be endemic in the United States, from the fact that in some years it does not appear, though the imported germ undoubtedly survives the mild winters. It appears to have about as much resistance of cold as the banana plant. When the banana stalk is killed down by the frost, the yellow fever does not recur until again imported. The germ is transmissible. It is capable of being transported in the clothing or personal effects of passengers and sailors, but its spread from one city to another is chiefly accomplished by vessels, their damp, filthy holds and bilge water being its favorite lurking places. Confinement, moisture, and high temperature favor the multiplication or virulence of the poison. When a wharf, or spot of ground, or a house, becomes infected, the poison at once commences to spread, creeping slowly in all possible directions, continually enlarging the area around the centre of infection, unless checked by disinfection, as has undoubtedly been done by the use of carbolic acid, in New Orleans, in former outbreaks.

Yellow fever is not communicated from the sick to the well; the sick and well being dangerous only as possible carriers of the poison germ or miasm. In support of this assertion it may be stated that at quarantine hospitals where the

effects of yellow fever patients are burned, or otherwise thoroughly disinfected before the admission of the patients, the attendants do not contract the disease. This has been demonstrated many times. All well persons whose effects have been disinfected may be considered harmless after six or seven days have elapsed from the time of leaving an infected district or vessel, as the period of incubation of the disease lasts from two to six days. This simplifies the question of quarantine—absolute land quarantines being deemed impracticable—and indicates the direction of preventive measures to the vessel, cargo, or the locality, if the poison have found lodgment on shore. A vessel may escape infection if kept clean and dry, and all parts capable of being closed are frequently subjected to the fumes of burning sulphur, and the men employed on board are compelled to bathe, and change their flannels daily, and not allowed to sleep on deck or in the hold of the vessel. There is an example of a ship trading between Havana and New York, upon which these precautions have been enforced for a period of twelve years, and not a single case of yellow fever has occurred on board. Though not sufficiently demonstrated to state as a fact, still there seems good reason to believe that much may be accomplished by individual prophylaxis—by the use, internally, of small doses of sulphate of quinia at regular intervals, and of tincture of iron and chlorate of potassa. As the poison enters the system through the air passages, it has been suggested that the nasal passages be bathed frequently with a solution containing quinine, to be applied by means of a nasal spray. JOHN M. WOODWORTH,
Surgeon General U. S. Marine Hospital Service.

Meeting of the British Medical Association.

The forty-sixth annual meeting of the British Medical Association, held this year in Bath, England, was opened on Tuesday, the 6th instant, with, as is usual now, a special religious service. This was held in the Abbey, a building well deserving of a visit on its own account, and the sermon was preached by the Bishop of Bath and Wells. The meeting of the Association has been thus far a very quiet one—and the list of papers supplied for the meetings of the sections is unusually short. The President's address, by Dr. R. W. Falconer, was largely taken up with a review of the history of the Association, and a sketch of the city of Bath as a sanitary resort. The address in medicine was by Dr. Henry F. A. Goodridge, on the pathology of fever. After a recital of the more recent but well-known results as to the share of the muscles in the production of the body heat, and as to the mechanism of heat regulation, he enters on the proper subject of his discourse, the explanation of the phenomena and mechanism of pyrexia; the experiments and conclusions of Professor Samuel, of Königsberg, and of Buss, of Basle, occupying a large share of his attention. The views of Burdon-Sanderson, based chiefly upon the experiments of Murri, of Florence, which would make fever independent of alterations of the nervous system, but, from first to last, a disorder of the protoplasm of the living tissues, he agrees with Handfield Jones, in considering as untenable, more especially as the experimental results on which they are based have not, up to the present time, been repeated in the laboratory, or received any other confirmatory evidence.

The address in surgery was a review of the progress of that department of science, by Mr. C. G. Wheelhouse, F.R.C.S.

The Council of the Association, in making its report, said—"Many of the Branches have recently passed resolutions against the admission of women, and the continuance of the privileges of the present lady members; with regard to the first question, a by-law will be submitted to you; and with regard to the last, at the special general meeting, held at Birmingham, the subject was referred to the Committee of Council, and they were instructed to take counsel's opinion. This has been done, and the result has been laid before you in a special report, and at the meeting of Thursday, August 8th, the consideration of a new article, to exclude females from becoming members, will be submitted to you."

Seven eminent foreign physicians were elected honorary members; of these only one was from the United States—Dr. L. A. Sayre, of New York city.

Personal.

—On the 22d of July, in spite of great efforts of the clerical party to defeat Dr. Brown-Séquard, he was put first on the list, by 25 votes against 22 given to a clerical, M. Dareste. The last act was accomplished a week later, when a decree of the French Government was published by the official journal, appointing Dr. Brown-Séquard Professor of Medicine at the College of France.

—The death is announced of M. Foville, whose name is so well known on account of his researches on the anatomy of the brain. His studies on the structure and functions of the central nervous system were commenced during his residence at La Salpétrière, where he worked under Rostan and Esquirol, and were continued during his charge of an asylum at Rouen, and at a later date at Charenton, where he succeeded his old teacher, Esquirol. In 1844 his Atlas of the Anatomy of the Brain was published.

Items.

—A Paris special to the New York *Herald* says the Pope is seriously ill, of cystitis.

—Fannie Burdette, or more correctly, Mrs. W. H. Bristol, is perhaps the smallest of living mothers, her height being only two feet eight inches, and her weight fifty pounds. She has been married two years and has lost one other child, stillborn. Her husband, formerly doorkeeper to the circus with which Mrs. B. traveled, is of full size.

TAMAR INDIEN,

A laxative, refreshing, and medicated Fruit Lozenge, agreeable to take, and never causing irritation. Its physiological action assures the immediate relief and effectual cure of

CONSTIPATION, CEREBRAL CONGESTION, HEADACHE, INDIGESTION, BILE, HEMORRHOIDS, etc., etc., by augmenting the peristaltic movement of the intestines, without producing undue secretion of the liquids. Unlike pills and the usual purgatives, it does not predispose to intestinal sluggishness, and the same dose always produces the same effect, that is to say, never needs increasing. These properties render "Tamar" invaluable to the weak and debilitated, and especially to ladies previous and subsequent to their accouchement. It is recommended by the most eminent Physicians of Paris; notably Drs. BELIN and TARDIEU, who prescribe it constantly for the above complaints, and with most marked success.

Prepared by **E. GRILLON,** Pharmacien de 1ère classe, 27 Rue Rambuteau, Paris. To be had of all respectable Chemists throughout the world.

PEPTODYN.

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CONTENTS:

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

MORRIS, JOHN.—Effects of Medicine in Small Doses 199
GETCHELL, F. H.—Perineorraphy 204

MEDICAL SOCIETIES.

College of Physicians, Philadelphia.—Ulcerative Endocarditis, with Pyæmia; Medical Missionary Work 206

EDITORIAL DEPARTMENT.

PERISCOPE.

A Renal Form of Typhoid Fever 212
Age and Sex in Relation to Asthma 212
Treatment of Placenta Prævia 213
The Pathology of Colles' Fracture 213

BOOK NOTICES.

Annual Reports of the Supervising Surgeon-General of the Marine Hospital Service of the United States, for the Fiscal Years 1876, 1877 ... 214
Narrowing, Occlusion and Dilatation of Lymph Channels (Busey) 214
How to be Plump; or Talks on Physiological Feeding (Duncan) 214

EDITORIAL.

SUGGESTIONS FOR FAT PEOPLE 215

NOTES AND COMMENTS

Rules for Sending Consumptives to Travel 216
Sea Sickness and Its Treatment 216
Atmospheric Organisms 216
Glycerine as an Anti-Ferment 216
The Periodicity of Epidemics 216
Phimosis as a Cause of Rupture in Children 217
Extemporized Splints 217
The Periodicity of Yellow Fever 217
Cauterization of the Os in the Vomiting of Pregnancy 217
Anorexia 217
Infantile Convulsions Treated by Ether, Hypodermically 217
The Animus of Suits for Malpractice 218
The Actual Results of the St. Louis Law Regulating Prostitution 218
Popular Medical Information 218
Chaulmoogra Oil 218
Palpation in Examining the Heart 218
Changes of Matter in Fevers 218

CORRESPONDENCE

Recurrent Hematocele (Marcy) 219
Case of "Superfœtation" (Denny) 219

NEWS AND MISCELLANY.

Reports of Epidemics 219
An Economist in Health 220
Items 220

OBITUARY.

Dr. E. M. Martin, U. S. N. 220

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MEDICAL AND SURGICAL REPORTER.

No. 1123.] PHILADELPHIA, SEPT. 7, 1878. [Vol. XXXIX.—No. 10.

Original Department.

Communications.

EFFECTS OF MEDICINE IN SMALL DOSES.

Read before the Section on the Practice of Medicine, American Medical Association,

BY JOHN MORRIS, M.D.,
Of Baltimore, Md.

We have been for years past gradually lessening the doses of medicine that we administer to our patients. A lesson has been furnished us by homœopathy, however irrational it may be, as far as the matter of giving less medicine is concerned, and many of us who have studied the effects of remedies in different doses have discovered that very small quantities will produce very striking results. The experiment of giving small doses can be safely tried in nearly all the cases of disease which we are called on to treat. Practically, as some writer suggests, these diseases may be divided into three forms.

1. Those that recover by natural means, that is, under the influence of time, rest and abstinence.

2. Those that no treatment can benefit, it matters not how scientific or rational it may be.

3. Those that can be benefited by judicious treatment, and in the cure of which the best possible judgment must be exercised, not only to save life, but to avert evil results.

It is only in diseases of the last named class that remedies can be usefully employed, and the deductions embraced in this paper are based on the results obtained from their administration in these cases.

Before proceeding to discuss individual remedies, we beg to state that we entirely agree with Sir Edward Blaine, in the opinion that remedies are relative agents, and that their virtues cannot be fairly essayed or beneficially ascertained by trying their effects on sound subjects, and that morbid conditions are actually necessary to test their true value. And, further, we desire it to be understood that all the inferences contained in this paper are the result of our own clinical experience.

We will now proceed to examine into the effects of

Calomel.

When we first commenced the practice of medicine, more than thirty years ago, it was the custom of practitioners generally to prescribe calomel in large quantities; indeed, in the western and southwestern States of the Union, it was frequently administered in teaspoonful doses. Calomel given in this way does not, as a rule, cause salivation; for the reason that very little of it is absorbed. As in the case of large doses of iron and bismuth, as we shall hereafter show, the greater part of it is carried off by the bowels. Calomel will, however, by its very weight, act mechanically, and in this way will frequently arrest obstinate bilious vomiting, when all other remedies have failed. It is a very remarkable circumstance, too, that it will, in very minute doses, control the persistent vomiting of pregnancy; indeed, I know no remedy so efficient in this condition as one-twelfth of a grain of this chemical given three times daily, for a period of a week, or ten days. No enlightened medical man, at this day, prescribes calomel

simply as a purgative. If administered at all, it is given to procure its well known alterative effects, or its action on the liver through the influence it exercises on the duodenum. In our own practice we have found no agent so prompt and so specific in its action on the mucous membrane as calomel in small doses. This is peculiarly evident in diseases of the alimentary tract in children. The administration of mercury is never carried, in our day, we believe, to the point of actual salivation. All that is deemed necessary is to have the system thoroughly influenced by the remedy, as evidenced by the breath and tenderness of the gums, and this is best accomplished by one-grain doses given three times daily, in combination with opium. As an alterative, very small quantities are undoubtedly the most efficacious. Plummer's pills, than which no better remedy can be given in tertiary syphilis and chronic rheumatism of a syphilitic character, contain but a half-grain of calomel each. The pill of the British Pharmacopœia is still weaker. The bichloride of mercury too, in small quantities, exercises a remarkable influence over affections of the mucous surfaces. Ringland has called attention to its potency in dysentery.

No one who has had any experience can be in doubt as to the power of calomel in the treatment of disease. To secure, however, its just and true influence, it must be administered with great care, and in small doses. Unfortunately it is too frequently given empirically, and without any accurate knowledge as to its effects. It is truly the great searcher of the human system. There is no secretion that it does not stimulate and promote; the mucous surfaces, the liver, the kidneys, the skin, the glandular apparatus, and every part of the body, is reached by it. That it has fallen into disrepute as a remedy, in the last quarter of a century, there is no doubt. This, we believe, is owing entirely to its use in large and unnecessary quantities. In safe hands and in small doses it still is, as it will ever be, a most valuable agent. Headland says that very minute doses can be given in debility, and even in scrofula, in which cases it acts as a tonic by stimulating the functions of the liver. He also recommends the administration of very small portions of the bichlorate of mercury in chronic syphilitic affections, if we wish to secure the special blood action deemed necessary to destroy the poison in this disease. We entirely concur with him in this opinion.

Iron.

Iron is, perhaps, the most popular remedy of the day. It is administered in nearly every form of disease, to all classes of people, and for every variety of trouble in which anæmia is supposed to hold a place. This indiscriminate prescription of iron has grown up in the last few years, and surely needs some correction. The doses given are entirely too large, and unnecessarily tax the digestive functions. This is apparent from the fullness about the head frequently caused by its use. But a very small portion of iron can be absorbed, and this only by the aid of the acid of the stomach; and if large doses be given, the greater part, if it act at all, must act mechanically, after the manner of bismuth; but the presumption is that it does not act at all, and is carried off as so much waste material, through the intestines. This is shown by the character of the stools. Iron is not truly a tonic; it is merely a restorative. Even in some cases of anæmia it is not a restorative, save in the very smallest quantities. This is owing to the system being so debilitated that it is incapable of assimilating the remedy, and carrying it to its true destination. The tincture of the sesquichloride of iron is decidedly the best preparation we have in liquid form, when given in proper doses. The muriatic acid adds greatly to its efficacy, by its tonic and diuretic effects, apart from the power this acid has of rendering the metal more soluble. Sulphate of iron in large doses is an irritant, but in small quantities proves one of the most certain and powerful of the preparations of this metal. In administering iron it should always be borne in mind that it is not a catalytic agent, and can be only useful to the extent of its absorption into the blood, and its action on that fluid. Dyalised iron, which is a hydrate of iron containing no acid, will, no doubt, in the future, be the only form employed, on account of its being readily absorbed, and its freedom from the bad effects of all preparations of this mineral. Although a strong solution, it possesses no unpleasant taste; does not produce constipation, nor disturb the digestive powers. Its discovery we esteem a great boon indeed.

Quinine.

Quinine is, perhaps, the most potent and unerring of all our remedies, though its precise mode of action does not appear to be thoroughly understood. Like calomel, this chemical has

been, and is still administered in immense doses in the southwestern and western States of this country. This we believe to be very bad and dangerous practice. In ordinary cases of remittent and intermittent fever, not of a congestive character, doses of two or three grains, repeated every two hours, are sufficient. A toxic dose of twenty or thirty grains may fore stall an attack of chill and fever, but the reaction that consequently follows leaves the nervous system in a state of depression, and produces a train of very unpleasant symptoms. We are convinced that the continued use of quinine in small doses, for a number of days, or even weeks, or months, if deemed necessary, will be more likely to effect a permanent cure in cases of malarial fever than a large quantity given in one or two portions. In severe neuralgias large doses of quinine are well tolerated, especially if given before the expected time of attack. In these cases the administration of twenty or thirty grains, by causing cinchonism, appears to more promptly and effectually break up the chain of nervous trouble than the same quantity given in divided doses. In the very aggravated forms of pyrexia, too, quinine may be given in large quantities without the usual bad effects following its administration. The great advantage of small doses of quinine is that they can be given to patients in high fever, without causing irritability of the stomach or adding to the general excitement of the system.

Alcohol.

Alcohol, too, like quinine, is given in too large doses. A small portion administered every hour more efficiently balances the nervous system, and brings about defervescence by lowering the temperature, than a large amount given at a single dose. The great evil of giving alcohol freely is, that after its influence passes off there is a state of prostration left which compels its continuance or the substitution of some other drug. Alcohol given in small doses acts as a temporary stimulant without producing any secondary sedative influence. In large doses its action is entirely narcotic; a fact that is apparently overlooked by many practitioners, who appear to be wholly ignorant of its physiological effects. As a catalytic agent in cases of poison from the bite of reptiles, very large quantities may be given with impunity, and also in fevers dependent upon the presence of a blood poison in the system. In all other instances small doses, given at proper intervals and with due regard to the temperament of the patient, are not only the safest but the most effectual.

Digitalis.

The action of digitalis is not always appreciated by those prescribing it. In large doses it is an exceedingly unsafe remedy, save in delirium tremens and other allied disorders. It irritates the stomach and produces vomiting. This action is independent of its depressing power on the heart, which is produced by the influence it exercises over the functions of the vagus nerve. In small doses, say fifteen or twenty drops of the tincture, digitalis is one of the best cardiac tonics we possess; and in the same quantity it acts most efficiently in those cases of dropsy which result from obstruction of the cardiac circulation. Its depressing power should be always borne in mind and guarded against. In Great Britain half-ounce doses of the tincture are administered, with advantage, in cases of mania-a-potu, but an abnormal condition of the nervous system exists in this disease, which requires enormous quantities of all remedies to produce sedation. The true office of digitalis is that of a cardiac tonic, and its prescription in future will be, no doubt, confined to cases of heart trouble dependent upon obstruction of the circulatory system. In view of this fact its well known efficacy in combination with calomel and squills can be readily understood. Its depressing and irritant effects in large doses interfere with, if not totally destroy, its power as a remedial agent.

Tartarized Antimony.

Tartarized antimony is a valuable agent which has fallen greatly into disuse of late years. Administered in small doses its action is most marked and beneficent. Apart from its catalytic effect in the blood, it acts as a sedative, diaphoretic and expectorant. To produce its true power, it must, according to Lænnec, be absorbed in the blood, and this can only be brought about by the administration of minimum doses. Its efficacy in small quantities, as an adjunct to purgative remedies, through its power of relaxing the muscular fibre of the intestines, is very generally known. At one time tartarized antimony entered into the composition of every febrifuge and expectorant mixture, but owing to its being prescribed in too large potions, and consequently producing

great vital depression, it lost character as a medical agent. This loss of character was, perhaps, also partly due to the great revulsion that has taken place in the practice of medicine in the last quarter of a century. The abandonment of tartarized antimony we conceive to be a very great error. We prescribe it daily, in very small doses, with the happiest results, and believe, when properly given, it possesses special merits. In disregarding its use the profession, in our judgment, has lost one of its most useful remedies.

Ipecac.

The effects of ipecac on the economy are very similar to those of antimony, save that it does not act on the blood, and, therefore, cannot be ranked as an antiphlogistic. As a neurotic, diaphoretic and expectorant, its power is unmistakable. Its influence on the mucous membrane, in minute doses, is most interesting. We have seen cases of persistent vomiting, which had continued for days, arrested by small quantities of this drug, all other means having failed. Very large doses of ipecac have been suggested recently in dysentery, and its use in this way, if we are to believe the journals, has been very successful. We have had no personal experience in this matter, but we can readily understand in what manner nauseating or emetic doses of ipecacuanha might, by their relaxing effect on the whole system, influence the rectum itself. Small quantities of ipecac, in combination with opium, have almost a specific action in dysentery, particularly if they follow the administration of a saline aperient. In no form is the potency of small doses of ipecac so apparent as in the troche or lozenge, where its specific action on the mucous surface of the throat and bronchi, becomes at once evident.

Aloes.

Aloes is another drug not prescribed with sufficient caution. Very small quantities of Barbadoes aloes, particularly when administered with an alkali or some vegetable extract, will act as a gentle aperient. Larger doses, as given in the olden time, are drastic in their action, and leave very disagreeable after results. A striking peculiarity in the action of this cathartic, not generally known, is, that an increase of the quantity given beyond a medium dose is not attended by a corresponding increase of effect. Three grains of Barbadoes aloes, made into a pill with half a grain of nux vomica and a grain or two of Castile soap, will, if taken after dinner or before going to bed, produce a gentle daily movement of the bowels without griping or other unpleasant consequences. In these cases the action of aloes is due to the power it possesses of slightly stimulating the stomach. Good rhubarb, too, prescribed in the same manner and quantity, will produce a like result. These are our usual prescriptions for persons of sedentary habits suffering from constipation. Rhubarb is not as good an agent as aloes, for the reason that it possesses astringent qualities, and its use is often followed by a torpid condition of the bowels. Rhubarb is tonic, astringent or aperient, according to the manner and quantity in which it is prescribed.

Opium.

Opium is the next remedy the action of which is to be considered. The indications for its administration are as follows: pain, muscular spasms, insomnia and nervous excitation. In small doses opium acts as a stimulant and sedative; in large doses as a narcotic. Small doses frequently given, in cases of insomnia, are much better, owing to their accumulative power, than larger ones which stimulate and produce a condition of restlessness and excitement. Save for the relief of actual pain, opium should be prescribed very cautiously, for the reason that it exercises so great an influence by arresting the secretions, and thus interfering with all the processes of life. It is only necessary to administer an eighth or a quarter of a grain to produce its peculiar action on the skin and mucous membrane. This quantity can be taken without any apparent disturbance of the economy. Opium, like quinine and alcohol, may be given in exceptional cases in large portions. Its unpleasant effects, we may here remark, when thus prescribed, such as constipation, nausea, headache, etc., may be greatly modified by its combination with belladonna or hydrate of chloral. Opium, in very minute doses, combined with ipecac, proves one of our best expectorant remedies. Administered either internally or in the form of troches, it stimulates instead of arresting the mucous secretions of the air passages.

Unfortunately the true power of opium is not generally understood, and it is therefore frequently administered unwisely. Its normal influence is exercised over the nervous system.

It produces no change in the blood. Its effects occur immediately on absorption, and in this we believe it stands alone among our remedies. To secure this peculiar effect it must be given in minute portions, as narcotism, in the slightest degree, interferes with all its beneficent influence.

Gelsemium.

Gelsemium is a much abused agent, owing to a want of knowledge of its therapeutic properties. In England, however, we are glad to know a thoroughly scientific investigation has been entered into, and we may in the future expect a wiser prescription of it, based on an accurate acquaintance with its qualities as a remedy. In this country it is given by many practitioners in unnecessarily large doses, and frequently, instead of producing the desired effect on the capillaries, causes a toxic condition, very agreeable, and sometimes alarming. As an antiperiodic, it acts in a manner similar to quinine. The after effects of both, if large doses be given, are poisonous, cinchonism being produced in one case, and narcotism in the other. Gelsemium, however, has to be much further tried before it can be classed as a special agent.

Squill.

Squill, in small doses, acts as a sedative, though it is never, we believe, given to exercise this special influence. Its power as a diuretic and expectorant is generally recognized, but it is not prescribed in this country to the same extent that it is in Great Britain. Given in doses exceeding one or two grains, it is irritant in its effects, and sometimes proves emetic.

Ergot.

Ergot is a remedy that is prescribed very indiscriminately. Large doses should only be given in cases of hemorrhage of the uterus, where its specific action on that organ is speedily desired. Its influence over the capillaries is best secured by small quantities given at intervals. This remedy, too, like many others, is accumulative in its action.

Arsenic, aconite, belladonna and iodide of potassium, are also remedies the action of which we would be glad to discuss, but the limits we have marked out for this paper preclude our doing so at this time. Without attempting, however, an analysis of their particular qualities, we venture the opinion that their true physiological effect can only be obtained by the administration of very moderate, or even minute doses.

Before concluding, it may not be out of place to state that the action of many remedies is greatly modified or increased by combination with other agents. When we find combinations in nature producing remedial or curative effects, the elements entering into them are always small in quantity. What more agreeable or effectual remedies have we than the natural waters found in the springs in different parts of the world; and yet how small a quantity of the various salts is discovered in these waters by analysis. The same may be said of sea air, than which no more potent influence can be named. Would it not be well for us to take a lesson from nature in this, as in many other matters. It would be well to bear in mind that there are a number of substances the efficacy of which is increased by admixture, and one or two, the action of which is qualified by combination. The aperient effect of certain drugs is augmented by the addition of henbane, belladonna and nux vomica. The nausea and depression following the use of morphia, as we before mentioned, are almost entirely obviated by combining it with hydrate of chloral. Opium in very small quantities prevents the griping of many cathartic remedies, without lessening their potency. In giving large doses of calomel, salivation is prevented if this mineral be mixed with bicarbonate of soda or chlorate of potash. This last combination does not appear to be a chemical one, or *scientific*, at first glance, but I am assured by capable chemists that no bad effects result from its use, and that a chloride of mercury is not really formed. Iodide of potassium supplements treatment by mercury, and in those cases where there exists a lingering of the poison, it appears most beneficial. The emetic effects of tartrate of antimony are counteracted by its admixture with opium. It was formerly largely given in this way in cases of delirium tremens, and is still used in Ireland in protracted labor due to rigidity of the os uteri. Trituration, too, may be mentioned as a means to increase the power of medicines. This is a means very little understood. There are many other combinations modifying the action of medicinal agents, but they are no doubt familiar to you all. Our only purpose at this time is to call the notice of the profession to the efficacy of small doses of certain unmistakable remedies in daily use, and to invoke a greater watchful-

ness in the administration of drugs, as well as closer attention to their effects when given in large or small quantities.

Deductions.

1. That the true physiological effect of remedies may best be obtained by the administration of small doses frequently repeated.

2. That medicines thus given are accumulative in their operation.

3. That the effect of remedies is greatly increased by combination, the manner of preparation, the time and mode of administration, etc.

4. That large doses of medicine frequently act as irritants; that they produce an abnormal state of the blood, as is evidenced by such conditions as narcotism, alcoholism, iodism, ergotism, bromidism, etc.

5. That more special attention should be given at the bedside, to the influence of remedial agents, to the end that a greater certainty may be exercised in their prescription.

PERINEORRAPHY.

BY F. H. GETCHELL, M.D.,

Clinical Lecturer on the Diseases of Women, at the Jefferson Medical College.

Read before the Philadelphia County Medical Society, June 12th, 1878.

I regard the operation for restoration of the female perineum as a very important one, for the reason that the opportunities for performing it are so numerous.

There is no operation that the gynæcologist is required to perform so frequently; and if he succeeds in doing what he attempts (restoring the perineum) the value of his services to the unfortunate female cannot be over estimated.

My apology for reading a paper before so learned a body, on so common an operation, is, that on examination, months after the operation, I have met with so many cases operated on by myself and far more skillful surgeons, in which the condition of the patient was but little if any better than when she first applied to the surgeon for treatment. And it is because I have reason to be better satisfied with my results for the last few years, that I trespass upon your time to explain the way in which I do the operation now.

It would be out of place for me to take up your time with the causes of rupture of the perineum, but I wish just here to say that most of the cases that I have seen were the result of the use of the forceps, and most of them occurred at the first confinement, so that for years it has been my invariable rule to remove the instrument as soon as the child's head distends the perineum, in a first labor; by so doing a little time is lost, but the perineum is often saved.

In my judgment, far too little attention is paid to the treatment of the patient previous to the operation. In many of the cases the womb is in a condition of complete prolapse, and has been so for a long time. All the supports of the uterus are in an abnormal condition; the ligaments are stretched, the vagina is everted, the womb, from congestion, is too heavy. Now if, as is often the case, the operator returns the organ within the pelvis and closes the perineum, it will be but a very short time before the uterus will stretch the newly formed tissue apart, and find its way outside the body again; but if, by the use of appropriate remedies, the uterus be relieved of the congestion and resulting hypertrophy, and if, by the use of a pessary supported externally, the organ be kept in position till the vagina recovers its tone and the ligaments are in a condition to help hold the uterus up, the results of the operation will be very different; and if months are required to accomplish this, the time is not lost. It is my practice to continue to hold the womb up off the parts for some time after restoring the perineum, in order that the union may attain firmness sufficient to resist pressure from above, should there be any.

I think there is no operation the reports of which are so well calculated to mislead the young practitioner as this one; all, or nearly all, are reported as perfect successes, and honestly so, for the report is made just after the operation, when the external appearance of the parts is very much improved; the long, gaping opening is replaced by a well-closed vulva. Convinced of his success, the operator so reports it, when, if he had waited for a year, and then examined his patient, he would have found, in very many cases, that he had not restored the perineum at all, but had only united the skin for an inch or two, from which she had received little or no benefit, and had found herself, after a few months, as bad off as before the operation.

The union of the skin high up is a matter of

very little importance compared with diminishing the capacity of the lower two inches of the vagina by a firm union, of a triangular shape; and, I believe, in a great majority of cases, that may be done, the patient having had the advantage of skillful treatment to put her in a proper condition, by operating in the following manner:—

Let her be placed on her back upon a table, before a window, and when etherized, her legs are to be held in position by two assistants, who also, with the fingers of the free hand, stretch open the vulva. The operator sits before his patient, and, having removed the hair from the labia, introduces two fingers into the rectum, to put the parts upon the stretch, and, with the scissors curved on the flat, he removes a thin layer of the mucous membrane, for a distance of two inches up the posterior wall of the vagina; then, dissecting from this line on either side, he denudes a triangular surface, which extends from the lower anterior edge for an inch and a half up the labia, and for two inches up the posterior wall of the vagina. Every part of this surface must be denuded, and it is important it should be done evenly, and the thinner the lamina taken off the better.

The hemorrhage is always slight, and it is better not to use ice or to throw a stream of water upon the parts with a syringe, nor is it well to close the wound and depend upon the sutures to stop the bleeding. I am in the habit of waiting half an hour, till all oozing stops, and the denuded surfaces present a glazy appearance, before introducing the sutures, and it is upon the way in which *this* is done that everything depends.

Iron wire, plated with silver, is less likely to break than silver wire, and is preferable, for that reason.

The first suture is a very important one, as you depend upon it to control the action of the muscles: it is introduced by entering the point of the perineal needle an inch from, and half an inch below, the lower angle of the wound, passing it across the middle of the vivified surface, and out at a corresponding point on the opposite side. This suture passes over the rectum and under the denuded surface, and is not seen in the vagina. The eye of the needle, which is at the point, is now threaded, and as the needle is withdrawn the suture is introduced. The second suture enters from half to three fourths of an inch above, and is passed in the same way; all the other sutures are seen in the vagina, just at the edge of the vivified surface.

Now, if you pass both ends of the suture through a perforated shot, run it down and clamp it, you will be very much pleased with the appearance of the wound after it is closed in this way—but what will you do? You will pucker the whole mass up, instead of bringing the surfaces evenly together; you will be obliged to draw the wire so tightly that you will interfere with the circulation by this process of strangulation; and once the shot is clamped in this way, it cannot be removed; and as the part swells, as of course it will, if the wire does not cut through the skin (as it often does), it is because the mucous membrane within the vagina offers less resistance, and as there can be no union outside the sutures, all this is lost.

To obviate these difficulties, you are directed by some operators to clamp a shot on each end of the suture, but when I did this I found that the shot were pulled through the skin and the edges of the wound separated. So I made some little disks of lead, about the size of a silver three-cent piece, punched a hole in them and ran them down, then ran the shot down and clamped it. This I found to answer the purpose perfectly, and I do away with the shot now by using disks of lead, made for me by Mr. Gemrig, with a nipple on them to be clamped, to hold them in place.

In this way you close the posterior edges of the wound, and the anterior edges are now brought together by taking the end of a suture in each hand, crossing them and twisting them twice around; in this way the parts are brought perfectly together.

I do not cut off the ends of the wires, but leaving them about three inches long, gather them in a bundle and wrap them with a piece of muslin, and as you find the swelling to increase, untwist the wires a little and give the parts more room, and after a few days, as the swelling decreases, twist them tighter, from day to day, if they require it. In this way the parts are kept evenly together, and as the surgeon watches his bandages and prevents strangulation by giving more room when more is required, so you from time to time adjust your dressings, in accordance with the condition of the parts.

The bowels are kept closed with opium; the

water drawn; the knees tied together. The sutures may be removed the seventh or eighth day. The bowels may be moved with care on the ninth or tenth day, and I think well of locking them up again for a week afterward. Of course all I have said here relates to ruptured perineum when the parts have cicatrized; in recent cases I am in favor of immediate operation, and I put the stitches in the same way.

My results since I have operated in this way have been very satisfactory, but they have not all been perfect successes, and from the many cases that I have met with at the clinic, and in my private practice, that have been operated upon by others, I am sure that I make no mistake when I say again, that those operators who never fail to restore the perineum would make a different report if they waited for a year, and then examined their patients.

Medical Societies.

COLLEGE OF PHYSICIANS, PHILADELPHIA.

At the regular meeting, June 5th, a report of a case of

Ulcerative Endocarditis, with Pyæmia,

was read by John M. Keating, M.D., physician to the Philadelphia Hospital, as follows:—

M. S., age 34 years, was admitted to the Medical Ward of the Philadelphia Hospital, on a Monday in April, 1878.

The patient had the appearance of being well nourished; was a washerwoman; was married; had had two children; and stated that she had never been sick before in her life. Rheumatic history was carefully searched for, but none obtained; she denied ever having had syphilis, and no eruption nor scars were found to disprove her statement. She complained of obscure pains in the joints, and of muscular pains, but when questioned closely stated that the feeling was one of stiffness rather than pain, the symptoms all being of very moderate intensity. There was a rise in temperature. She was seen that evening shortly after admission, by the resident physician, who, thinking the case to be one of muscular rheumatism, ordered her a dose of jaborandi. The following morning she expressed herself as feeling perfectly well, she had perspired profusely, and the temperature was nearly normal.

Owing to my absence, my colleague, Dr. Edward T. Bruen, who had temporary charge of the ward, and to whom I am indebted for the following notes of the case, after instituting rigid inquiries which elicited the above history, made a careful examination.

Upon percussion the heart was found in its normal position, and not hypertrophied; the apex beat was normal. The pulse was regular, rather small, resembling that found in cases of mitral regurgitation. Auscultation revealed a basic, systolic murmur, but this murmur was transmitted downward to the ensiform cartilage, and was heard louder at that point than at the base. There was also a murmur at the apex, and this was slightly transmitted to the axilla. The murmur was not found in the arteries of the neck, nor was either murmur heard in the back. The first murmur was blowing, low in pitch, and occupied the whole of the systole. At times the radial pulse became more feeble for one or two consecutive beats, and then the murmur was faint or entirely absent. The venous system was moderately engorged throughout, but there was no venous pulse. This moderate but still marked engorgement was more than could be accounted for by the apparently slight valvular lesion. The second sound of the heart was impaired; it was but feebly accentuated, and had not the clear, defined characteristics of health.

The lungs were normal throughout. There was no dyspnœa. There had never been hemorrhages. There had never been dropsy, nor had the patient suffered from headache. The urine was not albuminous. The patient stated that she had of late suffered at times from gastric irritability, and that this still remained. She was ordered the tinctura ferri chloridi, and a pill of digitalis, gr. ss., quiniæ sulphat., gr. ss., extract genitianæ, gr. j, thrice daily.

The report on Thursday morning stated that the patient had vomited all through the night. The temperature on the previous evening had been very high, but was now, as will be seen by the temperature chart, lower than normal. There was slight joint pain, no tenderness, and no other bad symptoms. Heart the same as before. Medicine discontinued.

During the day the vomiting ceased, the pain disappeared, and the patient felt comparatively well; in the evening the thermometer again showed a rise.

Friday Morning.—Patient seems perfectly well. She asked to get up, but this was forbidden. In the evening the temperature again rose. She was unusually bright.

Saturday Morning.—The patient sat up in bed about six o'clock, to arrange her hair, when she complained of sudden and great dyspnœa, and intense pain. Shortly afterward she became almost collapsed; the feet and hands were cold, and the body blue and covered with sweat; the facial expression anxious; and the radial pulse almost imperceptible. The respirations were very rapid.

When seen by Dr. Bruen, at ten o'clock, these symptoms continued unabated. He at once examined the heart and found upon percussion a dullness reaching from the second to the sixth rib on the left side, and from the right sternal border four inches to the left. This broad area of dullness extended over the whole

region of the pericardium. Surrounding this area of dullness, pulmonary resonance was clearly and sharply defined. Palpation revealed no apex beat. The sounds of the heart were scarcely audible, and were distant; but when distinguished, as they occasionally were, an absence of murmur was noted. The respiratory murmur was harsh, but was heard distinctly everywhere. The diagnosis of extensive pericardial effusion, of course, was clear. The very sudden onset explained the gravity of the symptoms.

It will now be seen that, as the temperature and vomiting indicated pyæmia, and the murmurs revealed an endocardial roughening, the diagnosis of ulcerative endocarditis with rupture of the heart seemed plausible. On this account paracentesis was deemed unnecessary. During the day the severity of the symptoms decidedly ameliorated, and at 5 P. M., when again seen, the patient expressed herself as feeling better; she was, and had been, perfectly conscious; the pulse could be felt at the wrist; the general surface of the body was warmer; and the heart sounds more audible, and with no murmur. The precordial pain had entirely disappeared.

The patient continued to do well till ten o'clock that night, when suddenly the above-mentioned symptoms returned with all their previous intensity, and she died in a few minutes.

A post-mortem examination was made fourteen hours after death. Body well nourished; no scars anywhere to be seen, and no evidence of specific disease.

When the sternum was removed, the pericardial sac was found distended to a very great degree. The lungs appeared somewhat engorged, but there was no œdema, and otherwise they were perfectly healthy. When the pericardium was opened, about twelve ounces of fluid blood were removed, with a large amount of clots of various sizes. Adherent to the heart was a stringy clot, which, when traced to the point of its apparent origin, was found attached to a process springing from the base of the aorta posteriorly, at the junction of the aorta and the cardiac muscle. An opening was carefully searched for at the place where the clot was adherent, and one was found, so small as scarcely to deserve the name, being merely large enough to allow the passage of a No. 8 needle. The process mentioned above was teat-like in shape, and about half the size of an ordinary nursing-bottle nipple; it was composed of the outer sheath of the aorta.

The left ventricle, being opened, presented a healthy appearance, as far as the size of the muscular structure and its condition were concerned. There was no fatty degeneration, and no hypertrophy. The mitral valves were healthy; the aortic were sufficient; and the general appearance of the endocardium was healthy, with the exception of a spot below the origin of two of the aortic valves, where there was a crater-like mass about the size of a dime, which, with jagged edges, surrounded an orifice communicating by a narrow sinus with the teat-like process before mentioned. This ulcer opened by a larger opening, probably large enough to transmit a lead pencil into the right auricle, just inside the attachment of the internal leaflet of the tricuspid valve. A mass of fleshy granulations, resembling in size that found in the left ventricle, surrounded the opening here also; and that portion of it nearest the right ventricle had, no doubt, interfered so with the proper closure of the tricuspid valve as to give rise to the systolic murmur there heard. Otherwise the right cavities of the heart were normal in every respect. The pulmonary valves were not in the least affected, even by thickening, nor were the tricuspid valves at all diseased. No atheroma was anywhere visible. All the other organs were in perfect health.

Death from perforating ulcer of the heart is certainly of great rarity. But few cases are found on record with an ante-mortem history so complete as to permit of, at least, a supposition of the originating cause of the occurrence. The symptoms recorded in the many reports of cases of heart rupture are very vague and obscure, relating, as they all do, simply to the rupture, not to the cause. The data that we have to base our clinical studies upon are the verdict of the coroner's jury and such information as can be gathered from the statements of friends.

Intrinsic diseases of the heart,* such as fatty degeneration, etc., are the usual causes of rupture, and as such pathological changes are found in persons past middle life, rupture of the heart is usually found at that age. Markham's† report of twelve cases of heart rupture, excluding those of traumatic origin, taken from the first seven volumes of the London Pathological Society's Transactions, shows us that the youngest patient was 52 years of age, the oldest 79. Seven were men, five women. In nearly all, if not in all, the coronary arteries were diseased. Quain‡ reports 88 cases; 63 in persons over sixty, 33 between sixty and seventy, and the remainder between seventy and eighty years of age. He states that in many cases no symptoms whatever were noticed antecedent to the death agony. Out of 100 cases, death occurred in one or two minutes in 71; one patient lived eight days; one six days; one three days; and five over forty-eight hours. The heart was fatty in 77 cases, and in 6 "softened." In one case there was bursting of an aneurism, and in *one* the rupture was due to an abscess. Acute disease of the endocardium or of the heart substance may lead to the same result, by the formation of an aneurism through the yielding of the endocardium at any point, in the former case, or by localized myocarditis with the formation of an abscess, in the latter. In interstitial inflammation of the heart, the pus formed, follow-

*Schroetter. Ziemssen's Cyclopædia of Medicine, vol. vi.
†*Medical Times and Gazette*, 1859.
‡*Lancet*, 1872. Vol. i.

ing channels, may burrow in various directions. As the foci of inflammatory action are occasionally discrete, and oftimes limited in number, they have been called cardiac abscesses.* When they ulcerate through the endocardium or begin in that tissue, they form ulcers.

Senac,† in 1749, first pointed out that ulcers or abscesses of the heart were more frequently found at the base, referring at the same time to diseases of the pericardium and neighboring organs as their immediate cause. Deitrich, in 1852, made the same observation. They usually occur between the ages of twenty and forty.‡ According to Schroetter, "*primary* disease of the heart substance is very rare. There are only a few cases described where no possible cause could be ascertained." Syphilis is stated by the same writer to be a cause. The acute fevers, especially typhus, are among the many causes that have been assigned for abscess of the heart and ulcerative endocarditis, but rheumatism, according to most authors, is the most frequent. The puerperal state has an equal tendency to this result, and the so-called metastatic abscesses are found in all active muscular organs having poor nutrition. Pyæmia, is then, the most prolific cause.

But ulcerative endocarditis, according to Lancereaux,§ is not always an off-shoot of the rheumatic process; the high temperature, vomiting, and chills, with sudden syncope, which may disappear, or may be followed by death, are really the symptoms of the concurrent pyæmia. Lancereaux believes that purulent ulcers of the endocardium may be the result of intense malarial poisoning, but that they are then never situated on the valves themselves, but occupy the heart lining at the valvular attachments, and produce death either by perforation or by pyæmia. In support of his view he quotes the observations of Winge and Heiberg, verified in one case by Virchow, where vibriones of filiform shape were found in the ulcers.

It may be interesting to glance over the cases reported that bear upon this intricate subject, and endeavor to gather what we can to complete its etiology.

As an example of secondary abscess of the heart caused by metastasis or thrombosis, may be cited the case reported by Dr. Moxon,‖ of a child at Guy's Hospital with suppurative periostitis, where death resulted from multiple cardiac abscess. There were abscesses in the kidneys also.

Dr. Inman¶ reports the case of a man of thirty-five, who had complained of "ague-shakes" for three or four hours daily, during seven or eight months. There was no malarial history. Nothing wrong could be detected with the heart or lungs. The patient's intellect seemed affected as in the early stage of typhoid fever, and he had a yellow, jaundiced complexion. The man died suddenly. After death there was found an extensive abscess at the base of the pulmonary artery, and this abscess communicated with the right ventricle behind one of the valves of the artery. Around this opening a fleshy vegetation existed, about the size of a horse bean. The lungs contained diffused and infiltrated pus. This patient's case was one, evidently, of primary suppuration of the gland in that vicinity, from which pus had been thrown into the venous current for some time.

The most interesting case, and the only one that I can find analogous to that which I have had the honor to report, is one given us by Heslop,* of a girl aged 18. There was no heart murmur, but the action of the organ was tumultuous and irregular. On the patient's admission to the hospital, she stated that she had had rigors, followed by flushes of heat, but never any rheumatism. She was a weak, anæmic girl, and died in convulsions. The part of the endocardium immediately beneath the semilunar valves (in the left cavity†) presented an irregular, ecchymosed surface, and had the appearance of being undermined, leading to the base of the aorta. At the attachment of the middle and anterior segment of the valves was a mass of fibrinous deposit the size of a small walnut, surrounding a cavity containing a recently formed coagulum, pus, etc.; it did not perforate. It was noticed that two days before death a continuous blowing sound was heard, accompanying and masking both first and second sounds. The patient had vomited at the commencement of the attack, and there was epigastric tenderness; rigors set in early, and the skin was jaundiced. Death took place, in all probability, from pyæmia.‡

Greenfield notes, for Dr. Murchison § a man aged 56, in whom the temperature from May 7 till June 1 varied, with nightly exacerbations, from normal to 105° Fahr. The rigors occurred at irregular periods, sometimes more than once daily. The mitral valves were thickened, and

*See an interesting article on this subject in Hayden, "Diseases of the Heart and Aorta."

† Schroetter, loc cit.

‡ Ibid.

§ De l'Endocardite végétante ulcereuse; Archives Générales, 1873.

‖ *Medical Times and Gazette*, vol. ii, 1872.

¶ Ibid, vol. i, 1862.

* *Medical Times and Gazette*, vol. ii, page 245, 1856.

† Hanska (*Medical Times and Gazette*, 1855), is quoted to have shown, by 300 examinations of hearts, that there was in the normal septum a spot varying in size from a bean to an almond, entirely destitute of muscular substance, the two chambers being there separated only by the layers of endocardium that line them. Examining the septum from the left, after slitting up the aorta, we may remark a thin diaphanous spot under the angle formed by the convex borders of the right and posterior semilunar valves of the aorta, being closed above by a thin musculoid bundle, coursing along the contour of the ostium arteriosum sinistrum. In the right ventricle, the deprivation of muscular substance is covered by the end of the tricuspid valve, and so thin is the duplicature of the endocardium that the lines and markings of the fingers held under it can be seen through.

‡ In Watson's Practice I find it stated that "a Duchess of Brunswick died of rupture of the heart. In her case an ulcer penetrated the parietes of the right ventricle, which in other respects was healthy."

§ *Lancet*, vol. i, 1873, page 909.

the aortic slightly affected; the tricuspid valves also were thickened. There was a granulating, white mass, an eighth of an inch thick and a quarter of an inch long, on the border of one flap; the heart was the seat of fatty degeneration.

Cases have been recorded where friction was suggested as a cause of endocardial ulcer, by Dr. Hodgkin, Dr. Hilton Fagge, and others. Coupland* records a case with an aneurismal pouch starting from a nodule on an aortic valve which directly faced it.

In this short *résumé* of a subject about which really so little has been written, it will be seen that ulcerative endocarditis is looked upon as *secondary* to various affections and diatheses; as a *primary* disease it must be looked upon as rare, particularly when limited to one spot, as it was in Heslop's case and in that which I have reported; in fact, in the above cases it may even be attributed to a cachexia, where a focus of inflammation started either in the connective tissue of the heart, or in the endocardium, resulting in an ulcer which, small as it was, induced pyæmia. Suppurating processes near the heart may involve it in their progress, as we have already seen; again, there is no reason why metastatic infiltration or infectious embolism may not occur and give rise to phenomena so intense as to mask the primary irritation; or thrombosis of the cardiac veins or of atheromatous coronary arteries, may be a cause, in persons advanced in years. Malaria, from pigmentous deposit or otherwise, may give rise to embolism, or, if the germ-theory be accepted, the emboli may be charged with bacteria. But notwithstanding all these varied causes assigned by authors, undoubtedly some cases exist unaccounted for, and that which I have had the honor to report stands boldly forth as an example.

In a strong, healthy woman, bearing evidence of no previous disease, with all the other organs in perfect health, a small ulcer situated in healthy tissue demands an explanation which none of the cases I have cited throw light upon. The process, without doubt, had been going on for some time. Could some congenital malformation, some previous strain, or the puerperal state, have laid the foundation of disease at a point where the blood current was directly and forcibly impinging; or shall we attribute the rupture to an abscess of a lymphatic gland within the heart substance? But take it as we may, it serves to prove that, as far as we know, such cases can occur spontaneously, or rather, idiopathically.

Among the many points of interest in these cases we have the temperature. A small quantity of pus, measured by the drop alone, gave rise, in this case, and in others I have cited, to the most marked symptoms of pyæmia, viz., hectic, vomiting, and, in some, jaundice, chills and convulsions.

In the patient spoken of by Dr. Inman the pyæmic symptoms had lasted many months, and the fleshy vegetation at the cardiac opening of the abscess showed that pus had been intermingling with the blood for some time. The same existed in Heslop's case, and also in mine.

The only symptom, then, that marks this disease is pyæmia, coming on suddenly, and usually associated with some cardiac disturbance, or else with embolic infarction of other organs. Of course, the symptoms of pyæmia are severe * in proportion to the amount of pus entering the circulation, or to the non-resisting power of the nerve centres to its poisonous action. Chance† speaks of a boy, aged thirteen, who, apparently in perfect health, but with a scrofulous diathesis, was attacked one day, immediately after eating, with nausea and vomiting. The next day he became drowsy, and complained of feeling very sick, with pain in the stomach. Finally complete coma set in, with rapid and fluttering pulse, and occasional convulsive movements. He died in two days from the beginning of the attack. There were multiple abscesses of the heart, with perforation and pericarditis. Here nothing was observed until perforation into the pericardium had taken place. But in all cases where ulcerative endocarditis has been found a rise in temperature has been noticed.

Jaundice may be said to be dependent on the length of the attack; in those where pus was pouring into the circulation for some time, it was always noticed but not otherwise.

Vomiting has always been present, both in the very acute and in the more prolonged cases, though usually it has been more frequently seen in the former, as tolerance seems to have been established in the latter cases. I would call attention to the fact that, in Heslop's case there was no stupor characteristic of a typhoid state, nor septicæmia, but that the patient died in convulsions. In the case reported by me there was consciousness to the very last. Patients dying of puerperal pyæmia also exhibit this peculiarity.

As regards physical signs, there is nothing that will aid us in diagnosis until perforation takes place. If the abscesses are numerous or confluent, irregularity and tumultuous action of the heart may aid us. If ulceration takes place, murmurs will be produced, differing in character and position from those of valvular lesions, unless the action of the valves should be interfered with. It may be well to state here that old valvular deposits, from rheumatism or other causes, may become caseous and break down,‡ causing at times pyæmia or embolic infarction in other organs (*secondary* ulcerative endocarditis). The murmurs heard, in such cases, would, of course, be limited to the valves affected. The corporeal endocarditis of acute specific fevers, such as puerperal or scarlet fever, or pyæmia, may lead to ulceration, and

* *Lancet*, vol. ii, 1875.

* *Medical Times and Gazette*, October, 1877.

† *Lancet*, vol. i, 1846.

‡ See case by Pepper, Transactions of the Philadelphia Pathological Society, vol. iv.

ulcers will then form on the papillary muscles, often eroding them.*

In Greenfield's case there was heard at the ensiform cartilage and over the lower part of the sternum a loud systolic murmur, which became fainter toward the left, but was replaced on that side by a rough systolic murmur, apparently distinct and conducted to the angle of the scapula; all the valves, as we have seen, were affected more or less, and hence the mitral regurgitant murmur; the tricuspid murmur was aided by the fleshy mass spoken of. In Heslop's case there was no murmur, but the action of the heart was "tumultuous and irregular." In my case the aortic valves showed no insufficiency, but at times there was slight systolic roughening; the tricuspid murmur was well marked, but the feeble mitral-systolic murmur was not transmitted to the back, and may have been due to the granulations changing the course of the blood current.

In conclusion, then, I think that we can safely assert that *primary* abscess of the heart, or primary ulceration, if it proceed far enough, independent of general myocarditis, is occasionally found.† I cannot offer any explanation except that it may be due to diseases of the lymphatic channels or the glands. I have no doubt that many of the cases recorded as secondary ulceration, and attributed to multitudes of causes, were, in reality, cases of this kind occurring in persons of strumous diathesis. Can we proceed further, if we accept this theory, and give credit to small abscesses of lymphatic origin, in the heart or arteries, in early life, for the starting point of those obscure cases of aneurism where the absence of atheroma is noted?

Of course little is to be said under the head of treatment. When the cases come to us they are usually beyond our aid. Cases have gotten well, and, after death from other causes, calcareous nodules, have, it is said, been found embedded in the heart muscle.

A paper was also presented on

Medical Missionary Work,

with some notes on the Condition of Medicine in Japan, by W. W. Keen, M. D., as follows:—

In the spring of 1870, Dr. John C. Berry graduated at the Jefferson Medical College. He went to Japan as a medical missionary of the American Board, in 1871, and after the most arduous labor returned to this country in 1877, to recruit his broken health. Through his kindness, and that of Prof. Goodell, to whom he has given the books referred to, I have the pleasure of exhibiting these books and instruments. I had hoped that he would be here this evening himself, but in his necessary absence I shall endeavor to give the chief facts which he has stated to me.

Dr. Berry arrived in Japan in the spring of 1872, and was at once appointed the Medical Director of the European Hospital at Kobè, the remuneration being the privilege of using the examining room and one ward for a native dispensary. At the end of nine months he had ten students. By this time his dispensary work had become so arduous that he resigned his connection with the Hospital, and with the coöperation of native friends opened another dispensary in a more favorable place. But in a few months, in order to avail himself of proffered government aid, he changed to a still larger building owned and supported by the government as a hospital under native management. His students had now increased to twenty.

During this time he had often observed cases of *Kakké*, a disease resembling the *Beriberi* of India, but so modified by climatic and other influences as to prevent peculiar and independent features. Partly to learn the pathology of this disease, but chiefly to afford the students an opportunity to study anatomy, he wrote to the government, in the winter of 1872–1873, requesting the privilege of teaching human anatomy by dissection at the hospital, and asked that the unclaimed bodies of criminals should be furnished him for the purpose. Fruitless attempts had been made before in the same direction, but this application met with a singularly favorable response. The request was forwarded by the local to the central government with commendable promptness, and in a few days a favorable reply was received, and the local authorities were directed not only to grant the privilege, but to construct an excellent dissecting-room, which was completed in May, 1873. Owing, however, to Dr. Berry's absence, on imperative medical missionary tours, the building was not opened for use until November 8th, 1873.

On the day following the receipt of the first two subjects, the physicians of the Hiogo prefecture and neighboring provinces met at the dispensary, when the exercises were opened by reading in Japanese a brief history of anatomy (based largely on my Introductory Lecture on that subject), written and translated at the request of a number of Japanese physicians. After an hour and a half spent in reading, the circulation of the blood was studied, and then those present were shown the dissection of the brain, these studies occupying the entire day. The next day, with fifty students, the regular course was begun; Dr. Thornicraft, a resident English physician, assisting in the anatomical work. So earnest and zealous were the students that they scarcely allowed themselves time even to eat. Translations of parts of my edition of

* Dr. Harrison Allen, in answer to a note from me, kindly gives me his opinion on this subject, as follows: "The researches of Schweigger-Seivel show that lymphatic vessels are in abundance beneath both pericardium and endocardium, and from these two localities freely communicate by irregular spaces in the muscular structure of the heart wall. I presume that an analogous arrangement exists in the septum between the endocardial surfaces of the right and left hearts. The glands are outside the cardiac figure, at the base. I could not localize an abscess at the base of the ventricular septum by reason of any known disposition of lymphatic glands or vessels."

† Hayden, "Diseases of the Heart and Aorta;" Article on "Myocarditis."

Heath's Practical Anatomy were early made and widely copied, and proved of great service. Subsequently a more systematic course was entered upon, Dr. Thornicraft and Dr. Nishi (native) teaching anatomy, while chemistry and physiology were taught from English text books by Dr. Kimúra (native), and materia medica, theory and practice, surgery, midwifery, and gynæcology, by Dr. Berry. In 1875 the government regarded this medical school with such favor as to place in it, at government expense, eighteen selected young men.

Meantime another hospital of forty beds had been organized by Dr. Berry at Himeji, fifty miles away, and six dispensaries within a radius of twenty miles. To this hospital and the dispensaries he made monthly tours, meeting from five hundred to seven hundred patients each month, besides numerous physicians from the same localities. In order to instruct these physicians didactically as well as clinically, he prepared daily a lesson sheet, and sent it to the nearest station, where it was copied and thence forwarded to the next station. In this way about one hundred and twenty native physicians, who could not leave their practice to come to the school for the purpose of study, were taught the most important elementary principles of the science. The very full notes taken by Dr. Berry when a student, revised to meet the special requirements of the native students, were in this way of the greatest use to these Japanese physicians.

A feature of the work receiving special attention was that of affording the native profession, and also the public, information on epidemic diseases and on hygiene. Papers on smallpox, typhoid fever, and cholera, were circulated at different times when epidemics of these diseases occurred or were threatened, while the native press was employed to reach the masses by articles on house-building, heating, ventilation, drainage, nursing, care of children, how to prevent the illnesses of children in summer, etc.

In 1873 Dr. Berry learned much of the inner life of the Japanese prisons, and immediately set himself to work to effect much needed reforms. In October, 1873, he addressed a memorial to the government in reference to the evils of one prison (in which one of his students had been recently appointed physician), and requested permission to visit all the prisons of the country, report upon their condition, and offer suggestions for their improvement. Two years afterward the request was granted. The work of inspection was at once begun, and was followed by a report in which special stress was placed upon the following, among other topics, viz.: the importance of having the prisons managed by a central authority; a system of classification; the special education of prison officers for their position; the introduction of industrial labor; the teaching of trades and the art of self-help; the organization of societies to aid the prisoner after his release; the abolition, except under peculiar circumstances and with peculiar limitations, of corporal punishment; making the reformation of the prisoner rather than his punishment the first aim; the importance of keeping up the domestic ties of the prisoner; the importance of Christianity as a reformatory agent; the establishment of schools for the education of the "crime class;" ventilation; prison architecture; care of the sick, etc. The Report was accepted by the government with grateful acknowledgment, published, and sent to all the prisons in the country. Upon the proposed reformatory system the government has already entered, with characteristic energy.

The numerous lepers who sought relief, and the strong prejudice against them in the public mind (obliging those who could not support themselves in seclusion to become wanderers among the shrines and temples, and often to die by the roadside), suggested the importance of an effort in their behalf; a work in which only the initial steps were taken when illness obliged Dr. Berry to return to this country. A paper was addressed to the government, and has secured their promise of coöperation in carrying out the proposed plan. In endeavoring to rid the country of leprosy this paper called attention to the following facts:—

1. Leprosy is limited in its power, and cannot propagate itself beyond five generations, if due attention is given to the care of its victims.

2. Under certain conditions of soil and climate, combined with whatever tends to depress the vital powers, either morally or physically, it is endemic; and these latter influences play an important part in the early production of the disease in those who inherit a tendency to it.

3. While as yet there has not been discovered any remedy for the cure of leprosy, yet it is susceptible of great improvement under proper medicinal, hygienic and moral treatment.

4. The disease is sure to reappear if, after treatment, the patient returns to the old habits of life in which the malady first made its appearance.

5. Evidence is wanting that leprosy is contagious in the ordinary intercourse of life, but it may be transmitted, like syphilis, by inoculation.

The following suggestions were made for its eradication:—

1. The enactment of a law that lepers should only marry among themselves, and their descendants only among others of like degree of removal from lepers (*i. e.*, the second generation to the second generation, etc.), until the fifth generation, when promiscuous marriage should again be allowed.

2. The early erection and adequate support of a large lepers' asylum, in a locality favorable to the treatment of the disease.

3. A careful inquiry, by a competent person, into the sanitary condition of those localities in which leprosy is, and those in which it is not, found, with a view of learning the general sanitary influences which do, and those which

do not, favor the appearance of the disease in persons inheriting it.

4. Careful supervision of all lepers by the government, and the removal of all lepers, including those improved by treatment at the asylum, from their old surroundings and improper hygienic influences to the favorable localities disclosed as above.

5. The appointment of responsible physicians to reside at such selected spots, who should carefully see to it that the lepers used such food, and observed such hygienic rules as should keep them in the best degree of health, should report to the director of the asylum the reappearance of any of the old symptoms, and should see to it that the patients returned for treatment if it were necessary.

6. The coöperation of the government and the director in a careful study of the disease, and the dissemination of needful information concerning it among the people.

Such, in brief, is the record of five years' work by a young man recently graduated! Surely if an earnest and useful life were even now terminated, he would not have lived in vain! And such a practical form of Christianity must appeal most powerfully to an intelligent nation, which sees its own ministers of religion ignorant, and inactive in remedying evils at their own doors, while a young American Christian physician leaves home and friends, braves the dangers of long travel by sea and land, and for nothing but the love of his Master and his fellow men, spends his life for their betterment, supported in his work by the generosity of his fellow Christians.

That such medical work is needed will be readily granted on looking at these instruments and books. While we shall see some things to approve, we shall be chiefly astonished at the barbarity of the modes of practice revealed.

The native physician travels somewhat in state, followed always by a servant carrying his medicines in a box such as I show you here. [Medicine chest, books and instruments, exhibited.]

This one has seen service for more than a century, yet its lacquer is in excellent condition. It is eleven inches high, by twelve inches long and seven inches wide, and contains five drawers sliding to and fro. In each drawer are a number of paper boxes, whose tops are ingeniously folded so that nothing can be spilled, even if the box be turned upside down, and yet, from the absence of all fastenings, the contents are readily accessible. All the drugs, as you see, are crude and repulsive, and among them some roughly powdered, yet easily recognized, beetles, are but a sample of their frequently disgusting character.

Editorial Department.

Periscope.

A Renal Form of Typhoid Fever.

The *Doctor* informs us that Dr. Charles Amat, in a thesis, describes a form of typhoid in which the renal symptoms are marked and characteristic. We have already descriptions of typhoid as it appears under a cerebral, cerebro-spinal, and thoracic form.

Dr. Amat draws the following conclusions:—

1st. The typhoid poison attacks the kidneys in the same way as the other organs—the brain and lungs, etc.; hence the necessity of admitting a renal form.

2d. Recognized by M. Gubler, M. Al. Robin, and Hardy, this form has not yet been the subject of a complete description.

3d. It possesses a complete symptomatology—slight diarrhœa, considerable debility, extreme adynæmia, earthy color of skin, abundant epistaxis, rapid delirium, very high temperature, rash not abundant, and a special urological group of symptoms—sanguinolent coloration, odor of boiled bread, contains sediment formed by the red and white globules; albumen in large quantities.

4th. The ordinary form differs from the renal form by the greater intensity of the abdominal phenomena, by the more abundant diarrhœa, by the delirium, by the less elevated temperature, by a more confluent eruption. The urine is orange colored; the sediments are not constant, consisting principally of urates and phosphates. The albumen is temporary.

5th. The kidneys present the signs of interstitial nephritis.

6th. The renal form may be confounded with the ordinary form, or with primary renal disease.

7th. The progress and duration vary. The termination is generally fatal.

8th. The variations in quantity and composition of urine aggravate the prognosis or render it favorable.

9th. The patient should be placed on milk diet, and cold baths are contra-indicated.

Age and Sex in Relation to Asthma.

Dr. J. B. Burkart remarks on this subject, in the *Medical Press and Circular*—

The first ten years of life are most obnoxious to asthma, and the reason is, that infantile bronchitis and catarrhal pneumonia, complicating measles and whooping cough, are most frequent at that time. But, though the foundation of

the disease may be laid at so early a period, its manifestation depends upon the extent and intensity of the primary affection. In comparatively rare instances the predisposition slowly develops, and declares itself only in youth and early manhood. At a more advanced period of life the involution of the lungs, premature or in connection with that of the body in general, constitutes a very marked liability to the dyspnœal paroxysms. In old age, however, asthma soon loses its peculiar characteristics, inasmuch as the intermittent is converted into a permanent dyspnœa, while the anatomical lesions upon which this depends are readily discernible.

Asthma is decidedly more prevalent among men than women. How far the wear and tear of the body, proceeding from habits and occupation, are accountable for its greater prevalence in the male sex, is not quite known. The supposition that those suffer most who most expose themselves to the inclemencies of the weather, as, for instance, "costermongers, cabmen and Covent Garden porters," is not borne out by facts. On the contrary, those who lead a sedentary and indoor life supply the greatest contingent of asthmatics. The occupation, however, can have no bearing upon the question in the first ten years of life, where that preponderance of the male sex is already noticeable. It appears that the greater frequency of asthma in the latter is mainly due to the greater mortality of the female from whooping-cough.

Treatment of Placenta Prævia.

In the Edinburgh *Medical Journal*, Dr. Charles Bell states that in this complication the physician's success will, in a great measure, depend on his forming a correct diagnosis. If the os uteri is small and rigid, this will be rendered a very difficult matter. Therefore our duty will be, in the first place, to have recourse to plugging, until this state of the os is overcome; and the best kind of plug is the india rubber bag filled with air, which Dr. Keiller had the merit of introducing into midwifery practice. This is infinitely superior to "Dr. Barnes' bags," as they are called, which are filled with water. The bag filled with air not only affords a light and good support, but it enables the accoucheur to ascertain if the hemorrhage is still going on, and it is easily applied; whereas, if a sponge or handkerchief is employed, it is introduced with difficulty, and the blood is prevented escaping, so that the accoucheur is kept in the dark as to the continuance of the hemorrhage, unless the general condition of the patient enlightens him.

If the labor pains are active, it will be desirable to remove the plug, to ascertain what progress has been made in the dilation of the os, and if it is sufficiently dilated, or easily dilatable to admit the hand, and the child has been ascertained to be alive, and the hemorrhage profuse, there ought to be no delay in delivery by means of turning. But if the child is dead, and the mother much exhausted, it may become a question if the entire separation of the placenta may not be attempted, especially if there is a natural tendency to its being detached by the uterine contractions. If the os uteri is not sufficiently dilated to admit of either of these operations, and if the case is one of central presentation, the plug should be again employed, as it is probable that the hemorrhage is caused by the placenta being put on the stretch by the pressure of the child's head, and the support afforded by the plug may have the effect of checking it until labor is further advanced. But if it is a partial presentation, and the distended membranes are found occupying the entire disk of the os, rupturing them may have the effect of checking the hemorrhage, by allowing the uterus to contract on the vessels from which it was flowing, just in the same manner as takes place when they are ruptured in accidental hemorrhage. In regard to Barnes' operation, I cannot imagine any case in which it would be justifiable.

The Pathology of Colles' Fracture.

Dr. Hector Cameron, of Glasgow (*Glas. Med. Journal*, March, 1878), has been so fortunate as twice to have the opportunity of examining a recent specimen of the fracture after death. In the first, the fracture, although transverse, passes obliquely from above downward and forward, so that while at the anterior aspect of the bone the line is not more than a quarter of an inch from the articular surface, on the posterior the distance is increased to about an inch. There is some comminution of the lower fragment, and the broken surface of the upper is extremely rough and denticulated. This very irregular and notched character of the fractured surface appears to be usual (Malgaigne), and is of interest in so far as it may cause difficulty in the reduction of the displacement. In this particular instance, although it cannot be said that there is any impaction, a toothed projection on the long fragment so locks the other fragment in its new position upward and backward, that it would be impossible to reduce it, except by great force. In the second specimen there is a transverse fracture, about three-quarters of an inch above the articular surface of the bone. In front the break is hardly complete, the periosteum holding the fragments together, but allowing them to bend at an angle there, as upon a hinge, so that the lower fragment is, as usual, tilted upward and backward, and has the direction of its articular surface so altered that it looks upward, backward, and outward. On the posterior aspect not only is the fracture complete, but the dense outer covering of the upper fragment is driven firmly into the substance of the lower, splitting it like a wedge, into three fragments, which, however, hold closely and securely together. The impaction is complete and irremediable. Although firm extension improves matters, it does not unlock this connection between the two fragments on the back of the bone.

Reviews and Book Notices.

BOOK NOTICES.

Annual Reports of the Supervising Surgeon-General of the Marine Hospital Service of the United States, for the Fiscal Years 1876, 1877. Washington, 1878.

The energetic efforts of Dr. John M. Woodworth, Supervising Surgeon General, and of the very efficient corps of medical officers whose assistance he has received, have firmly established the Marine Hospital Service on a footing proportionately no ways inferior in public usefulness to the Medical Corps of the Army or Navy; in fact, as the Marine Hospital Service should normally increase in size, efficiency and effects, with peace and the growth of great industries, the time must come when it shall equal or surpass the two corps whose existence depends upon actual or anticipated war.

The Report which we have before us gives a clear statement of the operations of the service during the past year, its financial and economic statistics, and also those of a medical and surgical character. An appendix embraces a number of papers contributed by various members of the corps. Three of these are on yellow fever as it appeared at Savannah in 1876, and Fernandina in 1877, by Drs. George H. Stone, Henry Smith, and Robert D. Murray. Dr. Walter Wyman gives an interesting sketch of the physical condition of the firemen on Mississippi and Ohio river steamboats, a class, from his account of them, as much exposed to life-shortening influences as any we could point out.

A timely and cogent article on the necessity of having merchant seamen examined by a competent medical man before shipping, is contributed by surgeon P. H. Bailhache. He shows, by the most convincing arguments, that this measure would save many a ship, and much expense to ship owners, ship masters, and to the Marine Hospital service. Moreover, the examinations could be conducted by the officers of the Marine Hospital service, without any expense to the government, to the seaman, or to the vessel. A novice might think that such a recommendation, of advantage all round, would forthwith be adopted. But the really influential class in the matter are not even mentioned by Dr. Bailhache; and they are certain to disapprove of the proceeding, and their disapproval is sufficient to prevent the adoption of the measure. We refer to the keepers of the sailors' boarding houses. This wealthy and powerful class are now defying the Chamber of Commerce, and its best counsel, in New York, and until their power is utterly broken no great reform can take place in our merchant marine.

The adoption of the metric system by this branch of the public service has already been adverted to in this journal. The change is set forth at length in the Report.

Narrowing, Occlusion and Dilatation of Lymph Channels. Acquired Forms. By Samuel C. Busey. 8vo, pp. 195.

The studies of Dr. Busey on lesions of lymph channels, commenced in his volume on "Congenital Occlusion and Dilatation of Lymph Channels," which was noticed in this journal some months ago, are here continued by a careful examination of a large number of instances of acquired lesions. The work was originally in the form of contributions to the New Orleans *Medical and Surgical Journal*, through the pages of which some of our readers are, doubtless, familiar with them.

The earlier part of the work embraces the anatomy and histology of the lymphatic system, after which follow a large number of cases illustrative of the acquired diseases to which it is subject. These are drawn from a very wide reading on the subject, are described in detail, and often illustrated with wood engravings. No one can fail to see that the author has entered into his study *con amore*, and he has completed a treatise on this little known class of diseases superior to anything of the kind we have heretofore had in the language.

How to be Plump: or Talks on Physiological Feeding. By T. C. Duncan, M.D. Chicago, Duncan Bros., 1878. Cloth, 12mo. pp. 60.

This trivial little book is arranged in a series of conversations between the fat doctor, who is supposed to be the author, and the lean artist, who wants to put more flesh on his bones. When the doctor discloses the secret of his plumpness it is found to be that he drinks plenty of water, which fluid, he learnedly shows, is the chief ingredient in fattening up. The book is a small one, but it might be made considerably smaller without omitting any part of it worth reading.

THE

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SUGGESTIONS FOR FAT PEOPLE.

It is BRILLAT SAVARIN, we believe, who, in his immortal book on gastronomy, avers that no one is entirely satisfied with his weight; every one wants to be somewhat fatter or somewhat leaner; or if he or she really is just about as he would be in this respect, he imagines a tendency one way or the other, which he feels he must be on his guard to correct.

There is enough truth in this to make it an object for that enterprising class of individuals who make their money out of the weaknesses of their fellows to advertise pretty constantly various secret fat-producing and fat-decreasing nostrums. The extraordinary sale of BANTING'S famous pamphlet, which reached sixty or seventy thousand copies, attests the same. And almost every year there is some new remedy offered to the regular profession, either to make fat or to disperse it.

The larger class, or, at any rate, apparently the more anxious class, are those who are too fat, and who wish to grow leaner. Of the various drugs proposed to accomplish this, acids, in the form of vinegar, and alkalies, especially liquor potassæ, are the best known. No doubt both these produce the effect desired, but they both do it at the cost of profound disturbances of the nutritive functions, and, in many cases, serious danger to life.

The *fucus vesiculosus*, has been extensively lauded. It probably acts through the iodine in it, actively stimulating the secretory organs; and has, therefore, the injurious effects known in chronic iodism. We have seen letters from some who have used the extract to diminish their weight. The effect desired was produced, but the patients generally spoke of sensations of prostration, sinking, loss of appetite, etc.

The Banting system of diet has in many cases been tried with success, but it, too, carried out without intelligent knowledge of the patient's condition, has at times led to severe and dangerous disorders of the emunctories. In the case of a friend, of general fine health, and in early middle life, it has on several occasions, when he has tried it, resulted in rapid muscular debility and mental lassitude. In all such cases it should not be pushed.

Recently Dr. TARNIER has called attention (in the *Am. de la Soc. de Med. de Gand.*, No. iv, 1877,) to the success of a milk diet in these cases. He commences by allowing three-fourths the usual food and one litre of milk the first day; one half the usual food and two litres of milk the second day; one fourth the food and three litres of milk the third day; and thereafter four litres of milk daily and nothing else. Often, however, it is better to allow a small proportion of the usual food each day, to prevent the patient becoming tired of the milk. Should diarrhœa set in, the milk should be suspended for a while, and then resumed. The treatment may be continued until the fat is reduced. Dr. Tarnier claims that this treatment is always successful, and entails no danger whatever.

Notes and Comments.

Rules for Sending Consumptives to Travel.

The following rules are those laid down by Dr. James Edward Pollock, in a recent lecture:—

1. Never permit any patient to travel who is not in the quiescent stage of disease, or who, in other words, is feverish, with high evening temperature, and the physical signs and conditions already described to you, indicating the continuous form of phthisis. Observe this rule, and you will be successful; break it, and your patient and his friends will not thank you.

2. None of the secondary complications should be present, as continuous or frequent diarrhœa, serious gastric disorder, or laryngeal irritation.

3. Chronic single cavity, with retraction of walls accomplished or proceeding, is favorable for removal to a dry, bracing locality, if the hæmoptysical element be wanting in the case.

4. That form of disease described as diffused deposit in one lung, without much dullness or signs of massing of disease, with pretty large chest, and with moderate emaciation, generally does well on a sea voyage.

5. A first-stage case, already chronic, does best for traveling about, with frequent change of residence. The complication with bronchitis or asthma is generally much benefited by change.

6. Persons ought not to travel *at all* with feverish symptoms; with secondary complications; with a large amount of local disease in any stage; with both lungs diseased, with poor digestion and greatly lowered nutrition; or in such a state of weakness or emaciation as to require home comforts, peculiar beds or chairs, or varieties of invalid cookery.

Sea Sickness and its Treatment.

By a number of observers, nitrite of amyl in five-drop doses is said to exert a favorable influence in sea sickness. A writer in the *Lancet*, Dr. J. R. Leeson, says, on the subject—

There are two theories about sea-sickness: one that it is owing to the food tossing about in the stomach, and teasing it and the diaphragm with its jactitations, nausea and vomiting being the natural consequence; the other that the stomach has nothing to do with it, its cause being a congestion of the brain and cord, which acts in a reflex manner in the stomach. Those who hold the latter, of course, would expect great things from nitrite of amyl, and knowing, as we do, the marked effect it has on the "status epilepticus," one might become too sanguine. Which of these two theories is right I do not pretend to say, but I have an idea that most cases are due to a little of each, and that, with a loaded stomach and congested liver, we may expect but little from amyl; whereas in cases more purely nervous, especially as are seen in women, we have a very fairly successful remedy, and one that warrants much more varied and extensive trial than it has hitherto received.

Atmospheric Organisms.

M. P. Miguel gives, in a paper recently read before the Académie des Sciences at Paris, the results of his observations on the minute organisms seen in suspension in the air, the diameter of which exceeds two millièmes of a millimetre. He finds, first, that the mean number of microbia is at its lowest in winter, rapidly augments in spring, remains stationary in summer, and falls in autumn; and, secondly, the rain always occasions recrudescence of these same microbia. In other words, temperature and moisture appear to be, apart from purely local influences, the principal causes of variation in the number of the microgerms of the atmosphere.

Glycerine as an Anti-Ferment.

Mr. Munk states, in the *Chemical Journal*, that glycerine retards the lactic and alcoholic fermentations. One-fifth of glycerine added to milk, at a temperature of 15° to 20 C., prevented it from turning sour for eight or ten days. One-half or one-third of glycerine, at the same temperature, postponed the fermentation of milk for six or seven weeks. At higher temperatures, larger quantities are needed to produce the same results.

The Periodicity of Epidemics.

An interesting study of this subject, as applied to measles, in London, has been published by Dr. H. Courtenay Fox, in the *Medical Times and Gazette*. His conclusions are that a twofold law of periodicity has been disclosed. The successive epidemics have recurred with tolerable regularity, and without any marked exception to the rule, at intervals of about two years. Beside this, the severity of the disease appears to be subject to fluctuation, in accordance with a wider cycle of nine or ten years.

If, in the future, measles observes the same rules by which its known course has been hitherto directed, we may assume that London is near the commencement of a fifth group of years, in which the epidemics will be rather more frequent and fatal than during the last decade.

Phimosis as a Cause of Rupture in Children.

Mr. J. Arthur Kempe reports, in the *Lancet*, a series of observations which leads him to believe that phimosis is not an unfrequent cause of hernia in infants. He states that the sequel of events is probably as follows:—The abdominal parietes are naturally weak in children, which renders them less able to resist impulses which project the viscera against weakened parts. Here, then, is a remote or predisposing cause. The exciting cause is readily supplied by the frequent and continued efforts that the child makes to overcome the obstruction offered by the tight prepuce, and by the cries uttered consequent on pain caused in making these efforts.

Extemporized Splints.

A Paris correspondent to an English journal writes:—Surgeon-Major J. H. Porter, Assistant Professor of Military Surgery at the Army Medical School of Netley, is very successful, in this portion of the Exhibition, with his extemporized splints made of telegraph wire and pieces of a newspaper or a soldier's tunic. The medical visitors to the Exhibition are very much pleased with these simple, neat, and ingenious appliances. All that is requisite is a piece of telegraph wire, some cord, and a piece of cloth or paper, and a splint may be made which can be applied to the finger, the elbow, inside arm, outside arm, the leg, etc.

The Periodicity of Yellow Fever.

The following positions are maintained by Dr. Robert Lawson, in a late number of the *Lancet*:—

1. Yellow fever is not a disease always presenting the continued form, but it is met with frequently as a remittent, and even as an open intermittent.

2. The sporadic cases, presenting yellowness of surface and black vomit, are also found to have the train of urinary symptoms characterizing yellow fever, and are consequently identical with those met with during an epidemic.

Cauterization of the Os in the Vomiting of Pregnancy.

This plan of treatment is growing in favor. Dr. J. Marion Sims recommends it strongly, and Dr. D. Lloyd Roberts, of Manchester, writes, in a slightly sarcastic tone, to the *British Medical Journal*:—

My own experience quite bears out all that your contributors and Dr. J. Marion Sims assert as to the good effects which have resulted in such cases from the application of nitrate of silver to the os and cervix uteri. It is more than ten years since I first decided on trying nitrate of silver, after all the usual remedies had failed, in the case of a patient under my care at St. Mary's Hospital, who was suffering from a most obstinate attack of vomiting during pregnancy. The remedy, therefore, is not absolutely new, nor is it infallible. I believe it, nevertheless, to be in many cases a very valuable one. Indeed, I suggested its use, among other remedies, in my "Student's Guide to the Practice of Midwifery."

Anorexia.

Dr. Fonssagrives recommends the following formula:—Bruised Chinese rhubarb, bruised peel of bitter orange, of each four parts, and water 250 parts. This is to be infused cold during three days. Two or three tablespoonfuls are to be taken daily, an hour before dinner. If this does not succeed, he prescribes one or two pills an hour before dinner, each containing one centigramme of alcoholic extract of nux vomica, and twenty centigrammes of extract of gentian, continuing them until the appetite is suitably restored.

Infantile Convulsions Treated by Ether, Hypodermically.

A French physician, Dr. Gellé, recommends this plan in *La Presse Medicale*, and gives a case in point:—

The infant was only seven months old, and, owing to improper feeding and the irritation of dentition, was suffering from continual vomiting and purging pain in the bowels, fever and fits of general convulsion, alternating with a comatose condition. The chief indications were to arrest the vomiting and convulsions, then to bring on a crisis by sweatings, and lastly, to watch for the approach of a threatened attack of pneumonia. Ten drops of sulphuric ether were injected hypodermically into each leg of

the child. The insertion of the instrument did not arouse the little patient. The convulsions ceased and did not return after the injection of the ether, the vomiting also ceased, and a period of repose was succeeded by a natural sleep.

The Animus of Suits for Malpractice.

The editor of the *Pacific Medical and Surgical Journal* forcibly says, on this subject: —

Of the many suits for malpractice that have come under our observation, we have scarcely ever known of one which did not exhibit, on the part of the prosecution, a baseness of motive and an absence of honor thoroughly disgraceful to the human character. Nine times in ten the plaintiff is a pauper who has received the gratuitous service of the man whom he prosecutes; or worse than a pauper, a sordid villain, who resorts to the expedient to evade payment, or as a business speculation. There is always a ring, which is completed by one or more jackals of the law, who are prompt to instigate litigation for the purpose of plunder, and one or more medical witnesses, of the sneaking and malicious type.

The Actual Results of the St. Louis Law Regulating Prostitution.

It is no easy matter to determine whether the law which, for a few years, regulated prostitution in St. Louis, was of positive general good. The Mayor said, most positively, that it was; several members of the American Medical Association reported to that body that it was; the editor of the St. Louis *Clinical Record* says— "The working of the law once in force in St. Louis, imperfect as it was, demonstrated to our satisfaction the necessity and utility of some regulation of the evil. Appeals to prejudice are of no avail; let us have facts in relation to this subject." On the other side, a series of frantic appeals to prejudice, and assertions wholly unsupported by evidence, are all we have seen offered.

Popular Medical Information.

An amusing example of this is given by Dr. Benjamin Edson, in a recent paper. It is in reference to milk and other food. Dr. Edson says:—

Its value I had supposed to be unquestioned, until I saw recently, in a journal ostensibly devoted to Popular Health, an objection so striking that I reproduce it. In answer to a correspondent the astute editor writes: "Milk is not digestible; for (and here comes in the syllogism) food, to be readily digested, must be masticated; milk cannot be masticated, and is, therefore, indigestible." Were this an isolated case of violence to common sense, it would scarcely be worth noticing, but it is a not rare specimen of the medico-scientific pap with which the credulous public is quite too extensively fed.

Chaulmoogra Oil.

Many observations on this drug establish its character as a powerful remedy. But the cases recorded are not sufficient in number to allow us to decide positively on its specific properties. It has been used apparently with great success in a bad case of leprosy, in a case of scrofulous, enlarged and ulcerated glands, and in an old case of secondary syphilis. Dr. Hobson has seen two cases of leprosy certainly cured by it. Professor Richard Jones states that it is a specific in consumptive cases. But, as he gives no cases, this opinion must be received with caution. It has also been used in other skin diseases, in rheumatism, scrofula, elephantiasis and ichthyosis.

It is administered both internally and externally, the dose being six to fifteen minims for an adult.

Palpation in Examining the Heart.

At a late meeting of the Royal Medical Society of Vienna, Dr. Isidor Hein read a paper on this subject. The author's leading idea was that each change felt by the palpating finger corresponds with a change in the percussion sound, as both are dependent on the same factors; and that also certain vibratory changes correspond to the tactile sensations. The vibratory power of bodies is tested by touch, and by palpation the heart's limits can be sufficiently well defined, which cannot be done by percussion; an impulse, though so weak as not to produce a sound, becomes, under palpation, a valuable sign. The author expressed the belief that his method of examination was likely to be of great use in medicine.

Changes of Matter in Fevers.

The London *Medical Record* gives an account of the researches of Dr. Wertheim, of Vienna, on this subject. His apparatus was constructed on the model of that used by Pettenkofer and Voit for physiological experiments. The follow-

ing were the results at which he had arrived after a prolonged and troublesome research. 1. The change of matter, in relation to quantity and weight, is less in febrile patients than in healthy persons. During fever, the organism loses to a remarkable degree the power of absorbing oxygen from the air and eliminating carbonic acid. 2. Convalescents require a considerable time to regain the normal condition of absorption and elimination; for example, from four to six weeks after scarlet fever, etc. The rise of temperature is not due to increased combustion, but to retention of heat in the body.

Correspondence.

Recurrent Hematocele.

Ed. Med. and Surg. Reporter:—

On May 15th, 1878, I was called to see Mrs. C., aged 25; had been married two years; no children. She stated that she had always suffered pain at each return of her monthly sickness, but never so severe until about a year ago. At that time she noticed, after menstruation had ceased, a heavy bearing down feeling in the pelvis, sharp shooting pains, coldness of extremities, interference with bladder and rectum, frequent micturition, with pain. After a few days these symptoms would abate somewhat, only to return with more severity at the following period of menstruation. I found, on making a physical examination, a large, soft and smooth tumor posterior to the uterus, pressing that organ against the bladder; the tumor was slightly fluctuating and very tender to the touch.

In a few days, under palliative treatment, the tumor had diminished in size and tenderness, so I left the patient, telling her to send for me at the very beginning of her next monthly sickness. She did so June 15th. I introduced a sponge tent into the os uteri, which was very small, left it in for a short time, then removed it, when the blood came away freely.

The patient stated that she never had passed a period with so little pain. Since that time she has had no pain, neither at the time of nor after menstruation. M. S. Marcy, M.D.

Cold Springs, N. J.

Case of "Superfœtation."

Ed. Med. and Surg. Reporter:—

I have met with a case in my recent practice, the particulars of which I give below, which, by reason of its bearing upon the vexed question of "superfœtation," may be of interest to your readers and to the profession in general.

June 29th, 1878, at 4 o'clock A.M., was called to see Mrs. Lantz, aged thirty, multipara. At 8 A.M. she was delivered naturally of a healthy male child; weight six pounds. The delivery was followed by a most alarming hemorrhage. I administered ergot with cold applications, the placenta was expelled and hemorrhage ceased. I remained with her until the morning of July 1st. In this interval I made careful examination, detecting the presence of another child. There was no secretion of milk following the birth of this child. I visited Mrs. L. occasionally, until July 14th, on which day, at 4 A.M., I was summoned to her bedside again. At 8 o'clock of the same morning I delivered her, in the course of natural labor, of a healthy female child; weight four and a half pounds. After birth of this child secretion of milk began, and up to the present writing, August 19th, mother and children are all doing well.

We have here a period of sixteen full days intervening between the births of these children. Entirely separate and unconnected in their uterine development, as in their birth, is this a case of twin pregnancy, or of superimpregnation? Or, may we have a case of twins from this kind of superconception, if, indeed, such conception be really possible. That it may occur at an early period of pregnancy seems to me quite possible and probable. But let us hear from others on the subject.

Respectfully, etc., B. W. Denny, M.D.

Whiteley, Greene Co., Pa., Aug. 19th, 1878.

News and Miscellany.

Reports of Epidemics.

Office Surgeon-General, M.H.S,
Washington, August 31st, 1878.

Abstract of Sanitary Reports received during past week, under the National Quarantine Act:—

New Orleans.—During the week ended yesterday noon there were 1204 cases of yellow fever and 333 deaths, making, in all, 2877 cases and 867 deaths. During the twenty-four hours to noon yesterday there were 169 new cases and 59 deaths.

Vicksburg.—During the week ended yesterday evening there were 116 deaths from yellow fever, making 185 deaths in all, 17 of which occurred during the last twenty-four hours. It is estimated that 800 cases of fever have occurred to date, about half of these in the past week; and 59 new cases in the last twenty-four hours. Dr. Booth, in charge of the patients of the Marine Hospital Service, died the 27th.

Memphis.—721 cases of yellow fever, and 241 deaths, for the week ended August 29th.

Morgan City, La.—The refugee reported last week sick of yellow fever died August 23d. 7 other cases have since occurred, and 4 deaths in all, to yesterday noon.

Bay St. Louis, La.—One death from yellow fever occurred the 18th instant.

Ocean Springs, Miss.—Three cases of yellow fever occurred yesterday morning. No deaths during the week.

Water Valley, Miss.—2 cases yellow fever, both refugees; the 1st occurred on the 12th,

and is convalescent; the second on the 26th, which terminated fatally yesterday.

HOLLY SPRINGS, MISS.—7 cases of yellow fever and 2 deaths to yesterday evening—all refugees. Good health in the city and in the United States military camp.

LEIGHTON, ALA.—A refugee from Memphis arrived August 18th, and died of yellow fever August 24th.

ST. LOUIS.—8 cases of yellow fever during the week, and 2 deaths—all refugees. At quarantine, below St. Louis, there were 6 new cases and 1 death, besides 20 doubtful cases admitted during the 48 hours ended yesterday evening.

CAIRO, ILL.—A river boatman from Memphis died of yellow fever August 24th.

LOUISVILLE.—Since last report 11 refugees and boatmen have been attacked with yellow fever after arrival in Louisville, 4 of whom have died.

CINCINNATI.—9 cases of yellow fever—5 from steamboat "Golden Rule"—and 4 deaths, have occurred since last report. Two of the deaths were the cases reported last week. All came from infected places south.

WHEELING, W. VA.—Case reported through the press on the 28th, officially pronounced not yellow fever.

PITTSBURGH, PA.— A deck-hand on the steamboat "John A. Porter" arrived August 25th, and died next day of yellow fever.

PHILADELPHIA.—2 cases of probable yellow fever occurred August 24th, the persons having arrived from Vicksburg a few hours previously. They were immediately removed to the hospital for infectious diseases.

HAVANA.—71 deaths from yellow fever and 6 from smallpox during week ended Aug. 26th.

CLIFTON, ENGLAND.—The U. S. Consul at Bristol, England, reports a severe outbreak of enteric (typhoid) fever at Clifton, near that place, which had been traced to the use of milk from a farm where the pump is five yards from the privy vault. Previous to the outbreak a young lady had been carried to the farm house to complete her convalescence from enteric fever. A wholesome lesson is given in the action of the medical officer of health, who notified the farmer that if he let any member of his family use the contaminated pump water, and disease arose from it, or if he sold any milk and disease arose from it, he would lay information against him of having committed manslaughter.

TRIESTE, AUSTRIA.—Some cases of the plague have occurred at Trieste. Advices to Aug. 17th.

No reliable information received from *Key West*, and no official reports obtained from *Grenada*, *Canton*, *Port Gibson, Miss.*, and *Port Eads*, *La.*

Reports from other places indicate good health.

JOHN M. WOODWORTH,
Surgeon General U. S. Marine Hospital Service.

An Economist in Health.

Not a few people during the hard times we have been having this summer think it a prudent economy to forego their usual vacation. An instance is recorded by the Detroit *Press*. A druggist of that city was astonished at the quantity of drugs applied for by a certain family, and was led to ask the small boy who brought the prescriptions:—

"Got sickness in the family?"

"Kinder," was the reply.

"Your father?"

"Yes—all but me. Ma is using the plasters for a lame side and taking the tonic for a rash which broke out on her elbows. Pa takes the troches for tickling in the throat, and uses the arnica on his skin. Louisa uses the catarrh snuff and the cough medicine. Bill wants the brandy for a sprained ankle, and the squills are for the baby. That's all but Grandma, and this prescription is to relieve the pain in her chest and make her sleep harder."

"Rather unfortunate family," remarked the druggist.

"Well, kinder, but Pa says it's cheaper than going to the seashore."

Items.

—The well known London physician, Dr. George Harley, F.R.S., has the courage of his opinions. He is an advocate of reformed spelling, and consequently he spells spell spel. In his private correspondence, as well as in his publications, he avoids all superfluous consonants, and "in order," he says, "to prevent people marveling at what, at first glance, might apear strange speling, I have had printed in neat leters, in the uper left hand corner of my note paper—

Reformed Speling!
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except in Personal Names."

Dr. Harley calculates that "to the proprietor of the *Times*, by the abolition of redundant consonants, would be effected a pecuniary saving, in the form of space, time and material, of from eight to ten thousand pounds per anum!"

OBITUARY.

DR. E. M. MARTIN, U. S. N.

At a meeting of the Physicians who attended the funeral of the late E. M. Martin, Assistant Surgeon U. S. Navy, from the residence of his father, John Martin, M.D., of Georgetown, Lancaster county, Pa., August 23d, 1878, the undersigned were appointed a committee to present to the family, and forward for publication, the following resolutions:—

WHEREAS, It has pleased Almighty God, by a sudden dispensation of His Providence, to remove our young professional brother, E. M. Martin, M.D., therefore,

Resolved, That in his decease we are called upon to mourn the loss of one whose kindness of heart and social qualities endeared him to his friends, and rendered him a favored and highly-respected member of society.

Resolved, That in his death the U. S. Navy has lost a member whose mental qualities and medical attainments bade fair to entitle him to a high standing among his professional brethren.

Resolved, That we tender to his bereaved father and family our sincere and heartfelt sympathy.

Resolved, That a copy of these resolutions be forwarded to the family, and also be furnished for publication.

Drs. ADIAR,
BAILEY,
LEAMAN, *Committee.*

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F. A. GENTH,
Professor of Chemistry and Mineralogy."

"LABORATORY OF THE UNIVERSITY OF CHICAGO, Feb. 1, 1875.
"I hereby certify that I have made a chemical examination of the contents of a bottle of CINCHO-QUININE; and by direction I made a qualitative examination for *quinine, quinidine*, and *cinchonine*, and hereby certify that I found these alkaloids in CINCHO-QUININE.
C. GILBERT WHEELER,
Professor of Chemistry."

"I have made a careful analysis of the contents of a bottle of your CINCHO-QUININE, and find it to contain *quinine, quinidine, cinchonine*, and *cinchonidine.*
S. P. SHARPLES, *State Assayer of Mass.*"

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DR. E. R. DOUGLASS."

"LIVERPOOL, PENN., June 1, 1876.
"I have used CINCHO-QUININE, obtaining better results than from the sulphate in those cases in which quinine is indicated.
DR. I. C. BARLOTT."

"RENFROW'S STATION, TENN., July 4, 1876.
"I am well pleased with the CINCHO-QUININE, and think it is a better preparation than the sulphate. W. H. HALBERT."

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GEORGE C. PITZER, M.D."

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CONTENTS:

ORIGINAL DEPARTMENT.

LECTURE.

WIGHT, JARVIS S.—Attitude of the Forearm Before and After Injury..... 221

COMMUNICATIONS.

KEEN, W. W.—A Newly Arranged Pocket Case, of Very Small Size, yet Containing a Thermometer and a Hypodermic Syringe 225
ROBERTS, JOHN B.—Chloral in the Treatment of Traumatic Tetanus..... 226
PERRYMAN, JAMES L.—Operation of Trephining 228

HOSPITAL REPORTS.

College of Physicians and Surgeons, New York—Clinic for Diseases of the Nervous System, by Prof. C. C. Seguin.—Paralysis of the Serratus Magnus Muscle; Hemiplegia from Cerebral Hemorrhage; Contusion of the Ulnar Nerve; The Diagnosis of Incipient Caries of the Vertebræ, from Disease of the Spinal Cord..... 229

EDITORIAL DEPARTMENT.

PERISCOPE.

The Treatment of Typho-malarial Fever..... 232
The Detection of Feigned Insanity..... 233
Non-Restraint in the Treatment of the Insane.. 233
The Oxalate of Cerium in Pregnant Sickness.... 234
On the Use of Oil of Turpentine and Lucca Oil in Typhoid Fever..... 234
Suicide Among Prisoners..... 234

REVIEWS AND BOOK NOTICES.

Notes on Current Medical Literature..... 235

BOOK NOTICES.

The Antagonism of Therapeutic Agents, and What It Teaches (Fothergill)..... 235
Elementary Qualitative Analysis (Classen) 235
Bibliotheca Medica..... 235

EDITORIAL.

THE CHINESE QUESTION IN ITS MEDICAL BEARINGS..... 236

NOTES AND COMMENTS

Bills Presented..... 237
Yellow Fever..... 237
The Cause of Leukemia..... 237
Inebriety in American Women..... 237
Pronunciation..... 238
How to Kill a Tapeworm in an Hour..... 238
Ergot in Trichina Disease 238
Laudanum Tippling..... 238

CORRESPONDENCE

Yellow Fever in the Ohio Valley (Wilson)..... 239
Naphtha as a Disinfectant (Watson)..... 239
Etiology of Yellow Fever (Perryman)..... 239

NEWS AND MISCELLANY.

American Academy of Medicine..... 240
American Gynecological Society..... 240
Official Yellow Fever Report for Week Ending September 7th, 1878..... 240
Yellow Fever Items..... 241
Items..... 241
QUERIES AND REPLIES..... 241

OBITUARY.

Dr. Washington L. Atlee; Dr. E. M. Martin, U.S N.; Dr. Benjamin R. Robson; Dr. Julius Auerbach; Dr. Harwood Wakeman; Dr. Hughes, of Grenada; Dr. Charles M. Griffiths; Dr. William Fishbourne Griffitts..... 241
MARRIAGES AND DEATHS..... 242

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Lecture.

ATTITUDE OF THE FOREARM BEFORE AND AFTER INJURY.

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Gentlemen:—I am going to talk to you to-day about the *attitude* of the forearm before and after injury.

The agents of motion in the forearm are nerves, muscles, and bones.

1. The nerves are active agents, inducing the muscles to contract.

2. The muscles are active agents, contracting and moving the bones.

3. The bones are passive agents, acting as levers.

The normal motions and attitudes of the forearm depend on the form and the relations of the bones, and on the distribution and the actions of the muscles. The abnormal motions and attitudes of the forearm depend on some injury to the nerves, muscles, or bones.

The normal motions of the forearm are flexion and extension, and pronation and supination. Ordinarily the forearm can be flexed and extended through an arc of about 160°. Sometimes the forearm may be extended normally so that its axis will make an angle posteriorly with the axis of the humerus. And the forearm can be rotated through an arc of about 180°, sometimes more and sometimes less. Let us call this motion rotary ginglymus; and, for the sake of convenience, let us call the motion of the forearm from side to side, lateral ginglymus. My attention was first directed to the lateral ginglymus of the forearm while comparatively examining an infant's forearms, one of which had been injured near the elbow joint: both forearms, in this case, had lateral ginglymus. Soon after, I made some measurements of the arc described by the lateral ginglymus of the normal forearms of infants and children. The average of the motions of both forearms is recorded in each instance. Let me submit to you the following table, containing the measurements of 15 cases. The forearm was fully extended on the arm, and the angle measured by a protractor:—

TABLE.

No.	Sex.	Age. Months.	Angle.
1.	Male.	3½	10 deg.
2.	Female.	1½	8 "
3.	Male.	3	20 "
4.	Male.	20	15 "
5.	Female.	60	12 "
6.	Female.	13	10 "
7.	Male.	54	12 "
8.	Male.	36	10 "
9.	Male.	54	4 "
10.	Male.	62	3 "
11.	Female.	19	15 "
12.	Female.	60	12 "
13.	Female.	3	10 "
14.	Male.	42	5 "
15.	Female.	12	10 "

The following conclusions may be drawn from this table, namely—

1. There are 8 males and 7 females.

2. The youngest is a female, one and one-half months of age.

3. The oldest is a male, sixty-two months of age.

4. The average age of the 15 cases is about thirty-three months.

5. The least arc of lateral ginglymus of the forearm, in the 15 cases, is three degrees.

6. The greatest arc of lateral ginglymus of the forearm, in the 15 cases, is twenty degrees.

7. The average arc of lateral ginglymus, in the 15 cases, is about ten degrees.

I have not yet been able to determine at what age the lateral ginglymus of the forearm ceases to be a practical fact. As the age advances the lateral ginglymus of the forearm diminishes, and is usually absent after puberty. I have not been able to find a case of normal lateral ginglymus of the forearm in the adult. At present I only allude to the possible relation of this motion to the epiphysal cartilages near the elbow joint. The lateral ginglymus of the forearm has an important bearing on the diagnosis of injuries of the elbow of the young. You already know how commonly the young have injuries about the elbow joint.

Let me show you some mechanical consideration that will aid you in understanding the functions of the forearm. Let *a* and *b*, in Fig. 1, be two rigid bars, attached to *H*, another rigid bar, in such a manner as to be moved like the bones of the forearm. Let *p m c* represent the pronator radii teres: *c* the origin, *m* the contractile substance, and *p* the insertion of the muscle. When a muscle contracts, it will bring, or tend to bring, the origin and insertion nearer together. Now let the pronator radii teres contract: the result is shown in Fig. 2, and may be expressed, in general terms, by saying that there are pronation and flexion of the forearm. And also, in general, it may be stated, that any muscle passing obliquely across the quadrangle of the forearm, from one angle to the other, or nearly in that direction, when contracting, will cause, or tend to cause, both pronation and flexion of the forearm. The force of pronation may be greater, or the force of flexion may be greater.

In the next place let me direct your attention to the distribution and function of the muscles acting on the forearm:—

1. The pronator quadratus is a simple pronator.

2. The pronator radii teres can pronate and flex the forearm.

3. The brachialis anticus flexes the forearm.

4. The biceps brachii flexes and pronates the forearm and supinates the radius. The pronating force acts through the semilunar fascia and the fascia enveloping the pronator radii teres and the carpo-radial flexor. The semi-

FIG. 1.

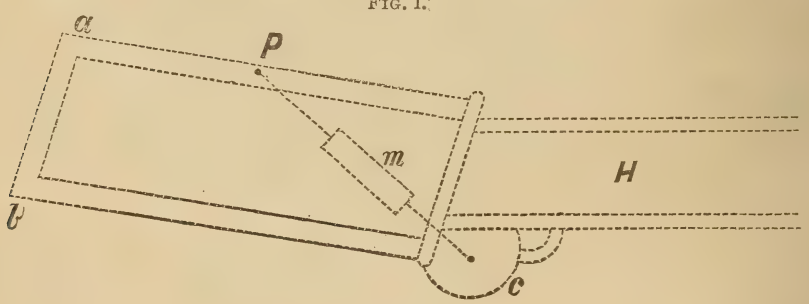
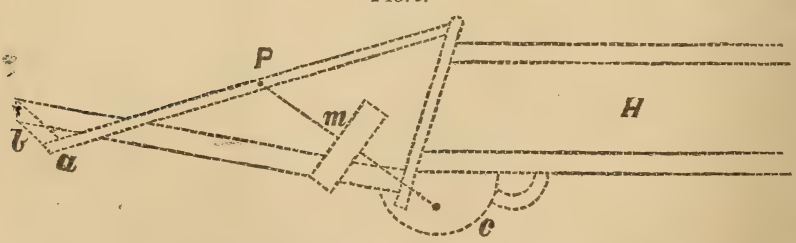


FIG. 2.



lunar fascia acts as a tendon: the biceps is, therefore, a bi-ped.

5. The flexor longus pollicis is a simple flexor.

6. The flexor carpi ulnaris is a simple flexor.

7. The flexor carpi radialis can flex and pronate the forearm.

8. The palmaris longus may tend to pronate the forearm.

9. The flexor sublimis digitorum acts, to a certain extent, as a pronator of the forearm:—

The pronator radii teres tends more to pronation than flexion. The carpo-radial flexor tends more to flexion than pronation.

10. The supinator longus acts as a flexor; it acts most as a supinator when the forearm is completely pronated; and it acts most as a flexor when the forearm is completely supinated.

11. The supinator brevis supinates, extends, and abducts the forearm: the abduction is found in cases where there is lateral ginglymus.

12. The extensor indicis acts as a supinator of the forearm.

13. The extensor internodii pollicis acts as a supinator of the forearm.

14. The extensor primi internodii pollicis is a simple extensor.

15. The extensor ossis metacarpi pollicis is also a simple extensor.

16. The long carpo-radial extensor extends the forearm, and supinates it when there is complete pronation.

17. The short carpo-radial extensor extends the forearm, and supinates it when there is complete pronation.

18. The carpo-ulnar extends and *pronates* the forearm.

19. The extensor digitorum communis and the extensor minimi digiti can act, to some extent, as *pronators* of the forearm.

20. The triceps brachii is a simple extensor, except in case it may act as a supinator through the supinator brevis, and as a pronator through the profundis digitorum.

In the next place, the following propositions can be proved:—

The muscles that directly and indirectly flex the forearm are more powerful than those which directly and indirectly extend the forearm.

I made transverse sections of the upper limb of a muscular male, whose cadaver had been preserved for dissection. First: I made a transverse section of the forearm three inches above the wrist joint: (1) The section of the muscles on the dorsal aspect showed an area of about one and one-eighth square inches; and (2), the section of the muscles on the palmar aspect showed an area of about two square inches. Second: I made a transverse section of the forearm four inches below the elbow joint: (1) The section of the muscles on the dorsal aspect showed an area of about two square inches; (2) the section of the muscles on the palmar aspect showed an area of about four and one-half square inches. Third: I made a transverse section of the middle of the arm: (1) The section of the muscles on the dorsal aspect showed an area of about two and one-half square inches; and (2), the section of the muscles on the palmar aspect showed an area of about three and one-half square inches.

From the above measurements may be drawn the following conclusions, namely—

I. In the lower part of the forearm the volume of the muscles on the posterior aspect is to the volume of the muscles on the palmar aspect as 9 : 16.

II. In the upper part of the forearm the volume of the muscles on the posterior aspect is to the volume of the muscles on the palmar aspect as 4 : 9.

III. In the middle of the arm, the volume of the muscles on the posterior aspect is to the volume of the muscles on the palmar aspect, as 5 : 7.

IV. In general, the volume of the muscles on the palmar aspect of the upper limb is nearly twice as great as the volume of the muscles on the posterior aspect of the same limb. The ratio may vary from the above estimate.

We will now consider some of the attachments of the muscles that move the forearm, and their mechanical relations. When the forearm is completely extended, the triceps acts on a longer lever-arm than the biceps and the brachialis anticus. When the forearm is semi-flexed, or completely flexed, the biceps and the brachialis anticus act on a longer lever-arm than the triceps. The average difference in the lengths of these lever-arms is nearly one inch in favor of the biceps and the brachialis anticus.

The extensors of the forearm, by means of their attachment to the external condyle of the humerus, act on a very short lever-arm. The flexors of the forearm, by means of their attachment to the internal condyle, act on a longer lever-arm than the extensors. The average difference in the lengths of these lever-arms is nearly an inch in favor of the flexors of the forearm.

A consideration of importance may be noted here, namely: It is well known that a muscle will increase in power and size by being used. And the increase in power is not all due to the increase in size. The muscles on the palmar aspect of the arm and forearm are used more than the muscles on the dorsal aspect of the arm and forearm, because the former are habitually made to overcome greater resisting forces than

the latter. Hence, intrinsically, the flexors are stronger than the extensors.

We may now record the following general conclusion, to wit. The flexors can overcome the extensors of the forearm, because they have a greater volume, because they act on longer lever-arms, and because they are intrinsically stronger.

In the next place, it may be stated, that some of the extensors act as pronators, that some of the flexors also act as pronators, and that none of the flexors except the biceps act as supinators of the forearm. Hence, the pronating force of the flexors and extensors of the forearm is greater than their supinating force. But the pronators proper are more powerful than the supinators proper. Hence, the entire pronating power is greater than the entire supinating power of the forearm.

In view of these dynamic facts, it will be seen, that the habitual attitude of the forearm, when it is at rest, will be described by more or less flexion, and by more or less pronation, because such attitude puts the contractile forces of the opposing muscles in equilibrium. And when there is a general and similar contraction of all the muscles acting on the forearm, there will be an attitude of flexion and pronation. Now, normally or abnormally, the attitude of the forearm will express the resultant of all the acting muscular components.

Some of my practical observations on the attitude of the forearm caused by injury, are noted under the following heads, namely:—

I. In the cases of supra-condyloid fracture of the humerus that have occurred in my practice, the forearm has been more or less pronated and flexed.

II. In the cases of fracture of the internal condyle of the humerus coming under my observation, most of which I have treated, the forearm has been pronated and flexed. Also the forearm was bent in laterally on the arm, obliterating the external angle normally made by the arm and the forearm: there was a lateral ginglymus at the elbow joint.

III. In the cases of fracture of the external condyle of the humerus that have been under my care, I have noted pronation and some flexion of the forearm. And there has been a less than normal external lateral angle made by the arm and the forearm. Also there has been lateral ginglymus at the elbow joint.

IV. I have reduced several backward dislocations of the forearm. In every case there was pronation; but the tendency to flexion was considerably counteracted on account of the triceps operating on a lever-arm longer than the normal.

V. In a case of incomplete external lateral dislocation of the forearm, caused by direct violence to the inner side of the forearm, there was pronation and flexion of the forearm.

VI. In all cases of sprain and contusion of the elbow that I have treated, there has been more or less pronation and flexion of the forearm.

VII. All the cases of contusion of the forearm that I have ever seen have presented an attitude of pronation and flexion.

VIII. According to my observations, sprains and contusions of the wrist are apt to put the forearm in an attitude of pronation and flexion.

IX. The attitude of the forearm when the radius is broken may be expressed as follows:—

First. Suppose the radius is broken at some point between the base and the insertion of the pronator radii teres: In general, the forearm will be pronated and somewhat flexed. In particular, the base of the lower fragment will usually be turned outward and backward, the hand falling inward and forward. The radial side of the forearm will ordinarily be shortened. The upper fragment will be pronated and flexed, and drawn toward the ulna, especially when the fracture is in the attachment of the pronator quadratus. You will recall the anatomical reasons for the attitudes of these fragments.

Second. Suppose the radius is broken at some point between the insertion of the pronator radii teres, and the insertion of the biceps brachii: In general, the forearm will be pronated and flexed. In particular, the radial side of the forearm will be shortened, the upper end of the distal fragment will be carried forward and inward, and the proximal fragment will be flexed and supinated by the biceps.

Third. Suppose the neck of the radius is broken: In general, the forearm will be pronated and somewhat flexed. In particular, the upper end of the distal fragment will be drawn inward and forward. The radial side of the forearm will be shortened. The proximal fragment may be tilted forward with the upper end of the distal fragment. I need not tell you that all these attitudes will be changed by manual flexion, extension, pronation, and supination of the injured forearm. You will remember that the so-called lateral ginglymus of

the forearm of the young will also modify the attitude of the forearm whose radius is broken.

x. The attitude of the forearm when the ulna is broken may be expressed as follows: (1) When the olecranon is broken the forearm is pronated and flexed; (2) When the shaft of the ulna is broken, the forearm will generally be pronated and flexed. The ends of the fragments may be driven inward, outward, forward or backward, just as it may happen; and usually such is the application of the muscular force, and such is the interlocking of the broken ends of the fragments, that the fragments remain where they have been driven by the injuring force.

xi. The attitude of the forearm when both bones are broken may be expressed as follows: In general, the forearm is in a state of pronation and flexion. The broken ends of the fragments may project inward, outward, forward, or backward; and at the same time the radial may be found nearer the ulnar fragments, obliterating more or less of the interosseous space. I have oftener seen the broken ends of the fragments projecting somewhat inward and backward.

In general, the forearm, after it has been injured, is about semi-flexed, say nearly 80° from complete extension: to this statement there may be exceptions. And in general, the forearm, after it has been injured, is more than semi-pronated, say nearly 135° from complete supination: to this statement there may be exceptions.

Let me remind you of the following facts, namely:—

a. Flexion takes place all the way from complete extension to complete flexion.

b. Extension takes place all the way from complete flexion to complete extension.

c. Pronation takes place all the way from complete supination to complete pronation.

d. Supination takes place all the way from complete pronation to complete supination.

e. There is no lateral ginglymus in the adult elbow joint.

f. The lateral ginglymus in the elbow joint of the young will modify the attitude of the forearm, both before and after injury.

g. The principles I have explained to you in regard to the attitude of the forearm are the basis of a rational diagnosis and a sound treatment of most of the injuries of the forearm.

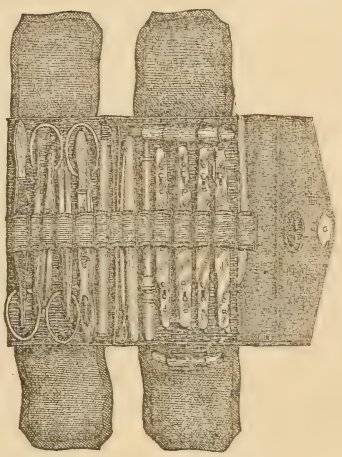
h. The better you understand the complex mechanism of the forearm, the better can you repair it when it is damaged.

Communications.

A NEWLY ARRANGED POCKET CASE, OF VERY SMALL SIZE, YET CONTAINING A THERMOMETER AND A HYPODERMIC SYRINGE.

BY W. W. KEEN, M.D.,
Surgeon to St. Mary's Hospital, etc., Philadelphia.

The pocket case here described and figured is smaller than most similar cases, measuring only 4½x2¼x1⅛ inches, yet it contains not only all the ordinary instruments, but also a thermometer and a hypodermic syringe. This is accomplished by the following re-arrangement.



1. The *exploring needle*, instead of being a separate instrument requiring a separate space, is screwed into the straight joint of the *catheter*.

2. The *porte-caustique*, which also serves as the handle for the catheter, is shortened to two inches, so as to lie *across* the case at the end of the knives, which are 3½ inches long, and this saves another space for an additional instrument.

3. The *terminal joint* of the *female catheter* also is placed *across* the case at the other end of the knives. If, however, it were held by a leather sewed to the case, the knives could not be removed. Accordingly the leather is sewed to the flap, so that when opened it is out of the way, and the knives can be readily removed. It could, however, be placed between the knives and the porte-caustique, but this arrangement is not so convenient, I find, mechanically.

The above arrangement gives room, it will be seen, for three additional instruments, and I have added the following instruments, which

usually occupy separate cases, and much space in the pocket.

1. A *Thermometer*, the case of which is exactly four inches long and one-quarter of an inch wide (precisely the diameter of a number nineteen catheter, French scale). Usually the thermometers in the market are a little larger than this in both dimensions, but those of this size can always be procured by express stipulation.

2. A *Hypodermic Syringe.* This syringe, of Mr. Kolbé's device, is of metal, and of exactly the same diameter as the thermometer, but one-quarter of an inch shorter. The piston-rod is hollow, and receives the needle in its interior. The syringe holds twenty minims. I always carry some one-quarter-grain powders in the pocket, and twenty minims of water, gently warmed in a teaspoon by a match, will readily dissolve two grains of morphia without re-precipitation on cooling. Beyond this amount I have not tried, as not practically important. This method of administering morphia I always use, since the small amount of menstruum does less violence to the tissues, and the warmth of the water not only makes it more agreeable, but also increases the rapidity of its absorption.

3. Any other instrument can be added to the case in the third space gained. In my own, I have added a fourth double-bladed handle, with a knife in one end, and in the other a hollow, slightly curved needle. The needle (two inches long) is tubular from the point to very near the shank, and can be used for two purposes, (*a*) for passing a wire suture, or (*b*) for inserting a hare-lip pin. In this latter case, the needle is first passed, then the point of the pin is inserted in the tube of the needle, and the needle then is withdrawn, carrying with it the point of the pin.

In order to diminish the *thickness* of the case the handles of the scissors and the dressing forceps have a piece "exsected" from each handle, so that there are no two instruments one over the other. I do not find that this interferes with their usefulness. The curved branch of the male catheter has its beak in the pocket, and so the inconvenience of its overlapping the other instruments, and cutting off one corner, is avoided.

As now arranged, the case contains the following instruments from left to right:—

1. Pair of dissecting forceps.
2. Gross' instrument for removing foreign bodies from the ear.
3. Dressing forceps (with a catch).
4. Scissors.
5. Fenestrated bull-dog forceps.
6. Straight branch of catheter, with the exploring needle in it.
7. Grooved director and probes.
8. Thermometer.
9. Hypodermic syringe.
10. Double bistoury, straight.
11. Double bistoury, curved, one probe pointed.
12. Tenotomy knife and tenaculum.
13. Gum lancet and hollow needle.
14. Curved branch of male catheter, its beak in the pocket.
15. At the upper end, the porte-caustique and catheter handle.
16. At the lower end, on the flap, the point of the female catheter.
17. A pocket for needles, thread, etc.

Mr. Kolbé, of this city, has taken much pains to complete this case, and can furnish one at any time.

P. S.—While reading the proof sheet, my attention has been called to the somewhat similar pocket case of Dr. Gay (*Buffalo Medical Journal*, April, 1878), which I had not seen before. The case I have arranged, however, combines all the advantages of both Gay's and Gross' cases, with improvements upon each, and at nearly the same price.

CHLORAL IN THE TREATMENT OF TRAUMATIC TETANUS.

BY JOHN B. ROBERTS, M.D.

Read before the Philadelphia County Medical Society, June 26th, 1878.

In another place* I have reported several cases where hydrate of chloral seemed to exert a curative power when employed in the treatment of tetanus resulting from surgical causes. It is my object, in this paper, to call the attention of the society to this drug in connection with tetanus, that its more frequent use may give light upon the subject, and enable us to determine whether it really does cure tetanus as quinine does ague. The treatment is, of course, not a new one, for almost every potent agent has been administered in tetanus, but I am inclined to believe that most surgeons have

* *American Journal of Medical Sciences*, October, 1877.

so little faith in remedies for this disease, that they do not give chloral a fair trial, but use it merely as an auxiliary to other drugs.

It should be employed in full and frequent doses, so that the patient may be kept, as far as is possible, free from pain and spasm, and may be allowed to obtain refreshing quiet and sleep, by having his sensibility to outside impressions and to pain blunted by the action of the drug. An average amount would be from one to two hundred grains daily, distributed throughout the twenty-four hours, according to the indications in each case. In most cases ten or fifteen grains of hydrate of chloral every two hours would probably be a sufficient dose, but I should not hesitate to exceed this amount if I found the patient still suffering pain, exhibiting clonic spasms, and unable to sleep. During the night the doses may be given at longer intervals, if the patient is comfortable. In one of the cases observed, who was treated by this method for tetanus occurring after laceration of a finger, one hundred and eighty grains were given during each twenty-four hours for four days, making, as is readily calculated, 720 grains during that time. When it is recollected that he had been taking smaller doses for two days previously, and continued to take 120 grains daily for nine days afterward, it is evident that there was little toxic effect, either immediate or cumulative, exhibited in this instance. A calculation that I have made from the notes of this patient shows that he took about four and a half or five Troy ounces of hydrate of chloral during the first three weeks of his disease. Subsequently the amount was diminished steadily, and soon entirely discontinued.

Should the patient suffer a great deal of pain which the chloral fails to relieve, an occasional hypodermic of morphia may be administered, though I believe that, as a rule, large doses of chloral alone will control the pain. It is said that opium, on account of its tendency to produce constipation, seems to be at times mischievous in the treatment of tetanus,* but, of course, occasional opiates would not be open to this objection. If the chloral causes looseness of the bowels, some astringent can be employed as an adjunct; but a single remedy is always preferable when we wish to derive a scientific conclusion as to the effects of a drug in disease, and hence it is much preferable to employ chloral, and chloral alone, in the treatment of tetanus. No remedy is known to cure this unmanageable affection, and, therefore, it is justifiable to give chloral a fair trial without complicating results by adding other agents.

A recent observer has treated tetanic patients by placing them in dark rooms and stopping their ears with wax, in order to exclude all outward influences tending to disturb the nervous equilibrium.* This, it may be presumed, is the mode of operating by which the chloral treatment proves beneficial, for its effect is to blunt sensibility to external impressions, and to induce a perfect repose of the nervous centres.

You may inquire whether the cases placed upon chloral have recovered. To this I can only say that many instances have been recorded where cure certainly took place during the administration of this agent, though it is true that other patients have succumbed, notwithstanding the employment of chloral in proper amounts. Again, it must be admitted that evidence has been adduced, showing cures following the exhibition of opium, physostigma and woorara. In reply, however, it may be retorted that one or other of these remedies would have gained the reputation of being the specific for traumatic tetanus long ere this, if the cures had been more than mere coincidences in a few cases. Chloral, however, deserves great consideration, because its youth in the medical family has prevented a full trial of its virtues as an antagonist to tetanus. Hence it is rational to test its power in every instance, rather than to depend upon the older drugs which, though before the profession for many years, have failed to establish any claim of their own in similar cases. Some years ago, fifty-four cases of traumatic tetanus treated by chloral were reported, of which thirty recovered.† This was over fifty per cent. of cures. In one of the hospitals of this city there occurred, in four years, nineteen or twenty cases of traumatic tetanus, all of whom died except three. These three patients had been treated with chloral throughout the disease.‡

These circumstances, combined with what I have seen of the effect of chloral in affording relief to tetanic pain and rigidity, have induced me to look upon this medicine as a valuable

† "Surgery. Its Principles and Practice." T. Holmes. pp. 58. English Edition.

* *Centralblatt für Chirurgie*, No. 41, 1877.

† H. C. Wood's Treatise on Therapeutics, pp. 292-293.

‡ *American Journal Medical Sciences*, October, 1877

remedy in traumatic tetanus. In fact, it also appears to me to be a proper antidote, and one which I would certainly administer in the tetanoid convulsions resulting from strychnia poisoning. It is possible that it might be of some service in hydrophobia, if given in a similar manner from the very incipiency of the symptoms.

I shall close this paper by giving an abstract of the histories of two cases treated by chloral, merely to show the course of the disease and the method of administering the remedy.

W. T., a boy of nineteen years, was treated by Dr. Levis for a gunshot wound of the left arm, produced by the discharge of a fowling piece, which tore away a considerable portion of the inside of the arm and forearm. On the fourteenth day tetanus declared itself by trismus and abdominal rigidity, which were soon followed by opisthotonos and spasmodic contraction of the masticatory muscles, causing laceration of the tongue. The amount of chloral given averaged one hundred grains in twenty-four hours. Amputation of the limb was discussed, but deemed inadvisable, and the treatment was limited to chloral, with occasional opiates when he complained of great pain. As stated above, I believe this could probably have been dispensed with if more chloral had been given. In ten weeks the patient was able to be up, and speedily convalesced.

The following case, treated by Dr. Hunt, is still in the Pennsylvania Hospital.

Barney McD., aged 21 years, was admitted April 23d, 1878, with a large lacerated and contused wound of the sole of the right foot, sustained by jumping from a railway train. The skin and superficial fascia of the sole sloughed, exposing the plantar fascia; and the man soon exhibited the sardonic expression, the trismus, and the abdominal rigidity of tetanus. He was placed on chloral and received about one hundred grains a day. He was, in addition, kept quiet, in a darkened room. The jaws could only be opened about half an inch, and there was some opisthotonos and delirium. It is stated by the nurse that the spasms threw him out of bed on two occasions, but it is questionable whether this is the fact, as he may have jumped up while in a delirious condition. On June 4th, which was about one month from the onset of tetanic symptoms, the rigidity had almost subsided; and a few days ago, when I saw him, the patient was to all intents and purposes well. At the same time the wound had almost cicatrized.

This certainly presents the features of a case of subacute tetanus, which we know is more amenable to treatment than the severer form, but may not chloral have had something to do with rendering the affection lighter in its nature? At any rate, I hold that this method of dealing with tetanus is worthy of a more extended trial.

OPERATION OF TREPHINING.

BY JAMES L. PERRYMAN, M. D.,
Of Belleville, Ill.

I was called to see Mr. William Williams, a coal miner by occupation, who had his skull fractured by the premature explosion of a blast in a coal mine, the point of fracture commencing a little above the left frontal eminence of the frontal bone, extending to the opposite side and down to within half an inch of the nose. There was about a tablespoonful of the brain that had oozed through the wound. It was a compound comminuted fracture, with depression of the bone and compression of the brain. The patient being in convulsions, I suggested to my friend, Dr. Moore, who assisted me, to put him under the influence of chloroform. I then shaved the scalp, cleansed it, and made a V-shaped incision, so as to include the fracture and a portion of the sound bone, and then applied the trephine. After the crown of the instrument had passed through the external table and diplöetic structure, I rotated the trephine a few times upon the vitreous or internal table of the skull, bending the instrument gently backward and forward, breaking out the piece that was inclosed in the crown of the instrument, thereby preventing any possibility of wounding the dura mater with the teeth of the saw. I have practiced this mode of procedure in several other cases with good results, and I believe, from the experience that I have had, that it is by far the safest mode of operation. For it is extremely difficult, as every surgeon of experience knows, to trephine the human skull without wounding the tissues beneath. I am not unmindful of the fact that such a mode of procedure is unauthorized by those who have taught and written most about surgery. With the elevator I raised the depressed bone, and succeeded in removing several fragments of the osseous tissue. The membranes of the brain

were wounded, and, as I before remarked, a tablespoonful of the brain had escaped through the wound. After the removal of the fragments of depressed bone, the patient passed rapidly from under the influence of the anæsthetic. His convulsions ceased promptly, pulse full and strong, sixty-four to the minute, respiration less stertorous and more natural, and in about an hour after the operation he spoke coherently, but in monosyllables.

We prescribed thirty grains of calomel, to be taken as soon as the patient could be induced to swallow it. Ordered ice in a bladder applied to the head. Saw the patient next morning, the calomel having acted properly; pulse full, more natural, seventy per minute; respiration easy and regular; mind clear; consciousness completely returned. During the day took beef tea and milk. I prescribed three grains of quinine every four hours. On second day saw the patient with all his symptoms improved and wound looking well. Continued to improve without any untoward symptoms until complete recovery had taken place. Convalescence reaching over a period of about twelve weeks. It is now two years since the occurrence of the accident. I send you a photograph of the patient after complete recovery.

About a year ago I was called to see Mr. ——, aged thirty, who is also a coal miner by occupation, whose skull was fractured by a piece of coal falling upon it about an inch and a half or two inches above the left eye, about the junction of the squamous portion of the temporal bone with the frontal. I shaved the scalp and made the usual V-shaped incision, including a portion of the uninjured bone and the fractured portion. This patient also was in convulsions. Drs. Moore and Stookey administered chloroform. I applied the trephine, as detailed in the preceding case. Took the elevator and raised the depressed portion of the temporal bone. The anæsthetic soon passed off, leaving the patient quiet; convulsions ceased; pulse sixty; respiration free. Prescribed thirty grains of calomel and ordered cold applications to the head. Next day found the patient perfectly conscious; respiration free and easy; pulse seventy-two per minute; took nourishment. Prescribed for him three grains of quinine every eight hours. Continued the cold applications. These patients recovered completely, with no loss of mentality and no paralysis. I have been induced to prescribe quinine for all my surgical patients, from the fact that we are living in a malarious district. I think it greatly lessens the danger of tetanus and erysipelatous inflammation.

Hospital Reports.

COLLEGE OF PHYSICIANS AND SURGEONS, NEW YORK.

CLINIC FOR DISEASES OF THE NERVOUS SYSTEM.

BY PROF. C. C. SEGUIN.

Reported expressly for the Medical and Surgical Reporter.

Paralysis of the Serratus Magnus Muscle.

Gentlemen:—You remember that a short time ago we had at the clinic an example of a very rare paralysis, viz., that of the serratus magnus muscle, occurring in a child seventeen months old. Curiously enough, a few days afterward I was called in consultation, to see a precisely similar case. This was also in an infant, the child being about a year old. It had been in apparently good health, when one morning it was suddenly noticed that it could not (or at all events did not), lift up its right arm. The family physician was not called in for two days, and by the time he saw the child there was nothing wrong about the arm or shoulder, as far as he was able to make out. In the course of a few weeks, however, the same difficulty returned, and then the physician discovered that, although the shoulder joint was perfect, there was a deformity about the scapula. He sent for me to see the case with him, and when I came to make an examination I found the upper shoulder muscles all acting well, but discovered that the point of the shoulder had fallen somewhat, while the posterior border of the scapula was quite widely separated from the chest wall. The characteristic deformity known as the "winged scapula" was thus presented, in the same perfect manner as in the little patient whom you recently had the opportunity of seeing at the clinic.

In order to make the diagnosis complete, I applied the faradic test. I first tried the right, or unaffected, side, placing one pole of the battery in the axilla, and the other just behind the posterior border of the scapula, when the base and inferior angle of the latter were drawn forcibly forward, thus showing that the action of the serratus was perfect. When the current was applied to the corresponding parts on the other side of the body, however, no such action was produced, and the seat of the trouble was at once conclusively demonstrated.

When the arm was in action, the scapula at once followed all its movements, in the most complete manner, there being precisely the same unnatural mobility about the scapula as

in the case which you saw here. Both of these cases I saw within a week, and it is one of the most remarkable coincidences that have, as yet, occurred to me, since they are the only ones of the kind that I have ever met with. You will not find this paralysis described in any of the books.

Hemiplegia from Cerebral Hemorrhage.

The patient now before you, aged fifty-six years, was taken with paralysis of the whole of the right side in May, 1877. His wife says that before retiring, on the night in which the attack came on, he took a cold-water bath. About one o'clock in the morning he awoke her, and she found that he had great difficulty in speaking, that he could not swallow, and that his mouth was drawn in a very marked manner to the left side. Both the upper and lower extremity on the right side were also completely paralyzed; but the patient never lost consciousness, as far as can be ascertained. It was the first trouble of this kind that the man had ever had, and he has had no new attack since then.

He began to recover some motion in about three weeks (this occurring, as is the ordinary rule, in the leg first); and in three months he was able to walk about. There was no anæsthesia, but there was early contracture, which, however, has been steadily improving. At the present time we find that his memory is somewhat impaired, that speech is still more or less imperfect, and that the patient is inclined to be emotional, his wife telling us that he sometimes bursts into a fit of weeping without any apparent cause. Aphasia, as you know, is tested in various ways. One of them is to notice whether the patient is able to speak continuous sentences intelligibly. Another is to ask the patient to repeat the names of various articles indicated to him, and the mistakes thus made often point out the aphasia in a very striking manner. This is when it is of the "amnesic" variety. Here the aphasia is quite slight, although he does not get his numbers very correctly in giving his age, residence, etc. Still, we must not lay too much stress on that, as his wife informs me that "his memory for figures was always poor." He has had more or less muscular rheumatism, from time to time, but never any acute articular rheumatism, and, on examination, I find the heart to be apparently entirely normal, there being neither any murmur or unnatural intensity of the second sound. This, of course, you will understand, has an important bearing on the etiology of the brain lesion.

When the patient walks, you notice that he has the characteristic gait of hemiplegia. The whole side of the body swags, the shoulder falls, and the paralyzed leg is swung around in such a manner as to describe an arc of a circle. You see, also, that when he makes the attempt to raise first the arm and then the leg on the affected side, he succeeds much better in the latter case than in the former; thereby affording an illustration of the ordinary rule, that in hemiplegia recovery is much more marked in the lower than in the upper extremity. The very small degree of power recovered in the arm is also shown in the grasp of his fingers, which is exceedingly feeble. At present there are no symptoms whatever of paralysis about the face. In these ordinary cases of hemiplegia there is usually no impairment of sensibility, the paralysis being entirely motor; and in the present instance, on testing by the æsthesiometer, I find the sensibility quite fair for the skin of a laboring man. On testing for tendon-reflex in connection with the extensors of the thigh, I find that it is quite marked in the affected limb, but almost altogether lacking in the sound one. The same relative amount of reflex action is shown in the upper extremities (though in a less marked manner), when sudden pressure is made upon the tendon of the supinator longus, while the hand is in a state of relaxation. The eyesight remains very fair, although I have discovered, by the ophthalmoscope, a rather unusual appearance of the retina, which I am not at present quite prepared to explain.

We have here the ordinary history of a hemiplegic attack; but as it occurred in the night, it is impossible to determine now whether there was loss of consciousness at first or not. As to the seat of the cerebral hemorrhage giving rise to the paralysis, it must, no doubt, have occurred either in the left corpus striatum or else in what is known as the motor tract of the convolutions. It is not easy to make a diagnosis between the two, as hemorrhage into either part is followed by motor paralysis, and both early and remote contracture. Still, I believe that when the lesion is in the motor centres in the cortex, it ordinarily produces a slighter grade of palsy than if it is in the corpus striatum. The recovery of the patient will depend on the position of the hemorrhage and the amount of encroachment by it upon the gray matter. In the present instance the prognosis is somewhat unfavorable, because, as we have seen, there has been contracture continuing steadily from the first. Ordinarily there is an early contracture, which passes away in a few days, and a later contracture setting in in the course of six or eight weeks, with an interval of complete muscular relaxation between them.

The appropriate treatment here will consist of massage and the faithful application of electricity to the paralyzed parts, and the internal administration of strychnia and iodide of potassium. I do not think there is any special advantage in giving strychnia hypodermically, as is quite customary at the present day.

In presenting this case to you, you notice that I have not discussed the hypothesis of embolism. My reasons for excluding the probability of this etiology are as follows:—

First (and this is the most important point in this connection), because the heart is normal.

Second, because the attack occurred in the night, and embolism is much more apt to give

rise to hemiplegia during the daytime, when the patient is more or less actively engaged.

Third, because if such severe paralysis as has been present here had been due to embolism, the attack would, no doubt, have proved fatal.

Perhaps it may be of interest to discuss a little more fully the probable seat of hemorrhage in this case. The almost complete recovery from the aphasia which was noticed at first is decidedly in favor of the lesion's being in the corpus striatum; for if it had been in the cortex, I am quite positive that the patient would not have regained his power of speech as he has. It has been demonstrated that the seat of articulate language is intimately associated with the motor tract in the convolutions. Thus, the upper part of the third frontal convolution is concerned with motion in the lower extremity, and the portion below that with motion in the upper extremity; while the inferior part is connected with the cheek and mouth. Here, also, are the parts where the power of language resides. If the Sylvian artery be occluded, permanent aphasia results, and the doctrine now accepted is, that besides the speech *centre* there is a speech *tract*, injury to any part of which will produce more or less aphasia.

That there is a motor tract in the convolutions can no longer be doubted. When we come to examine the anatomy of the parts in the anterior portion of the cerebral hemispheres, we find that a portion of the fibres constituting the internal capsule (which are derived from the *crura cerebri*) pass between the intra-ventricular nucleus and the *nucleus denticularis* of the corpus striatum, and are distributed to the parts of the cortex which have been found to be associated with motor influence. The observations of Charcot in his pathological studies have shown that this tract is distinctly motor, and the same thing has been more recently demonstrated by physiologists by means of the galvanic current.

Contusion of the Ulnar Nerve.

This woman comes to us to get relief for the condition of her left hand, which, she tells me, always feels as if it were asleep. At New Year, she says, she got a fall, but having "taken a little too much," she cannot tell anything about the way in which she struck. When asked to point out the particular seat of trouble, you notice that she demonstrates quite accurately the distribution of the ulnar nerve. It is not difficult to see that there is considerable atrophy of the hand on the ulnar side, the interossei muscles especially being wasted. Now it is desirable to see how much muscular power remains. You notice, in the first place, that there is some action of the interossei, as the patient is able to abduct the fingers to a certain extent. For detecting the sensibility of different parts, the electric brush furnishes us with the most accurate method, and on applying this test here, we find that there is partial anæsthesia on the ulnar side of the hand, while the sensibility is unimpaired in the other portions. This would seem, then, to be a case of injury to the ulnar nerve, from the effects of the fall received at New Year.

But I find, now, that there may possibly be some ambiguity of diagnosis; for the patient tells me that when a child she met with a fracture involving the left elbow, and, from the appearance of the joint, it would seem not improbable that the ulnar nerve had been injured at that time by the callus thrown out pressing upon it. The woman states, positively, however, that her present trouble dates only from the fall mentioned, and, by means of the galvanic current I am enabled to exclude the old fracture as a cause. You perceive that the muscles of the forearm, which are supplied by the ulnar nerve, respond perfectly to electrical stimulus, and this shows, conclusively, that the injury producing the symptoms noted cannot be located so high up as the elbow. It is found that the right hand is decidedly warmer than the left, and on applying the interrupted current to the affected hand, there is seen to be almost complete loss of faradaic motion by the interossei.

This is the second case of the kind which I have been able to show you during the present course; and the other patient is still under treatment at the Manhattan Hospital.

In that, you remember, there was an injury to the carpus, which produced a contusion of both the ulnar and median nerves, and it was characterized by numbness, partial anæsthesia, wasting, paralysis and loss of faradaic motion. The improvement, under treatment, has been very satisfactory.

In the present instance the case is interesting principally as regards the ambiguity of diagnosis, which, I think, I have sufficiently illustrated. The patient says that her left arm has never been very strong, and this we can readily understand from the very extensive injury which the elbow joint seems to have received from the fracture long ago. We have seen, however, that the present trouble about the hand must have had its origin in the comparatively recent fall. True arthritis may produce great muscular atrophy; but this is not the case when there has been traumatic injury to the joint. I believe the woman can be cured, for I do not think that the ulnar nerve has been divided, but has only suffered a contusion; because the anæsthesia of the parts supplied by it is incomplete. In some individuals only the little finger on the dorsal side is supplied by the ulnar nerve; but here the more extensive anæsthesia and wasting shows that the patient has the more common distribution of the nerve. The treatment will consist principally of the prolonged use of electricity and frictions.

The Diagnosis of Incipient Caries of the Vertebræ, from Disease of the Spinal Cord.

The next patient I have to show you to-day was at the clinic once during the past winter,

and we then came to the conclusion that the trouble from which he was suffering was an affection of the vertebræ, rather than of the spinal cord.

So impressed was I with the idea that the symptoms complained of were indications of beginning caries (although there was not the slightest trace of any spinal curvature), that I sent him to the Orthopædic Dispensary, in order that I might have the opinion of Dr. Shaffer in regard to the case. After making a careful examination of the patient, the doctor confirmed my views, and ordered an appropriate support for him; since which time the man has been improving in the most satisfactory manner.

Let me now run briefly over the past history of the case. In July, 1876, he suffered from a stricture, but this was completely cured by one of our best genito-urinary surgeons. About a year later he began to suffer from aching pains in the loins, in the left upper extremity, and from the left shoulder down the side and back. He complained of slight dizziness and occasional dysæsthesia in the lower extremities; that is, they would go to sleep after he had been standing upon them for a time. There was, however, no paresis, and no loss of coördinating power. The symptoms were not, indeed, pathognomonic of caries of the vertebræ, and yet this condition seemed to me highly probable, on account of the absence of paralysis, coördinating power and permanent numbness, as well as the presence of pain, such as is characteristic of "false neuralgia." It is called false neuralgia because it is not limited to certain areas, and is not paroxysmal in character.

Beside affecting the locations which were mentioned just now, the pain would radiate over the abdominal walls and down the thighs. Charcot has pointed out that pain such as this patient described is produced by some irritation about the roots of nerves, and here, as has been proved, we had Pott's disease, in which both the dura mater and the bones are affected.

In a typical case there is only one of these false neuralgias. In little children, for instance, there may be apparent colic existing for many months; but it is worthy of note that the pain is not movable, as in true colic. Or, again, the pain may be seated in the chest, the side, or the groin. It has been found always to be at a level corresponding with that of the disease in the vertebræ. In the present instance all pain has been removed by the instrument which the patient has been wearing.

It is a matter of great practical importance to be able to make the diagnosis of caries of the vertebræ before curvature has commenced. Some years ago it was not believed possible to do this, but at the present time, if in any case there is failure of the general health, associated with such neuralgic-like pain as has been described, and perhaps fever, we are certainly justified in suspecting commencing Pott's Disease. A skillful examination of the vertebral column will then probably detect a certain deficiency in mobility. In cases of doubt it is always well to consult a specialist in orthopædic surgery. Not long since I received a negative opinion from Dr. Shaffer, in a case of locomotor ataxia, in which I suspected the existence of incipient caries as a complication. The doctor found that the mobility of the spinal column was entirely normal, and hence decided that there was no caries; a conclusion which has seemed to be verified in the subsequent history of the case. In any case in which there should be a reasonable suspicion of caries after a thorough examination, we ought by all means to give the patient the benefit of the doubt, and see that a suitable support is provided for the spine. In regard to the exact nature of this support I have nothing to say, as it would be manifestly out of place here. Each one of you can decide for himself, in any given case, whether a properly constructed steel instrument, or the more recent device of the plaster-of-Paris jacket, will suit your patient best.

Editorial Department.

Periscope.

The Treatment of Typho-malarial Fever.

Dr. J. S. Caulkins, of Michigan, reports a number of cases of this disease in the Detroit *Lancet*, and gives the following remarks on treatment:—

From these histories, which are a fair average of the disease as it is here, at least, it would seem that quinia was imperatively demanded in its treatment; not, however, in the expectation, which experience has proved to be vain, of arresting it, but for its tonic power against the depressing effect of the colliquative sweats, by supporting the flagging motion of the heart. The remedy has been used by the writer, in moderate doses, to answer this indication—that is to say, in such as would cause some ringing in the ears. The antipyretic doses of Liebermeister, 30 to 45 grains, he has never ventured to try.

The use of the alcoholics would seem to many to be called for, and to be an actual *sine qua non* in this disease, on account of the slowness of the pulse and the general depression of the

system, but they have not, as a rule, been well borne. They confuse the head, and even when much diluted produce gastric distress. Doubtless there are cases where they will be better tolerated, and be productive of benefit; but there is no apparent criterion for this class of cases, and the medical attendant can only ascertain by trial whether or not wine or brandy is well borne by his patient. It is safe to say that in three-fourths of the cases of typho-malarial fever in country practice alcoholics are not needed. This statement will probably have a heterodox sound to some that appear to think that every sick person must be dosed with brandy or wine, but perhaps these people might change their opinions if they were compelled to change places with their patients.

Too much attention cannot be given to cleanliness. Owing to the drenching sweats, it is necessary to wash the patient often, and change the clothing and bedding, or he will be poisoned by his own excretions. As a general thing, warm or tepid bathing is safer and more agreeable to the sick than cold, which causes chilliness, with imperfect reaction, and liability to congestions of important internal organs.

It is an excellent precaution to observe the condition of the feet, which, owing to the feebleness of the circulation, are apt to be cold. Keeping them warm is another safeguard against congestion.

Coming to the all-important topic of the nutrition of fever patients, the opinion is expressed that the one article of diet which is worth more to them than all the rest is milk.

Equally vital to the welfare of the sick is good ventilation, and fortunately it is not, like food and cleanliness, entirely dependent on the caprice of friends and attendants.

The Detection of Feigned Insanity.

On this important medico-legal subject, Dr. W. H. De Witt writes, in the Cincinnati *Lancet and Observer*—

The physician may be called upon to examine persons who feign insanity. This has been practiced in all civilized countries and in all ages. The vagrant finds the asylum a far better and more inviting home than the jail or workhouse. The criminal, fearing the strong arm of violated law, assumes the garb of the imbecile, or raving madman, to shift his crime from his shoulder.

First of all, discover whether there can be any motive for feigning insanity; usually the examiner will experience little difficulty in determining the true nature of such cause. For if the disease is assumed, they are simply imitators, and as such they are generally ignorant of the peculiarities, symptoms, etc., of the form of insanity assumed, and must, therefore, of necessity, be very clumsy personators. Occasionally a talented, educated person will thus seek to escape, but usually criminals are found in the lower stratum of society. If the person pleads at the time he committed the act he did not know it, or was unconscious of it, or stoutly denies having had any connection with it, the examiner should then carefully investigate his previous history, learn whether he has been an epileptic, or suffered from any other form of cerebral disorder, and, finally, whether he has received any injury to the head, sufficient to disturb the mental integrity. If the examination develops the presence of epilepsy, it should contribute largely in his favor.

If, on approaching the patient, he should become loud and boisterous, remember that the real insane man, at the approach of a stranger, is generally quieter, and less demonstrative. It is a fact worth bearing in mind, that feigned insanity is always over-colored. If, as they frequently do, he assumes the role of the acute maniac, he will very soon exhaust himself and sleep, for none but a genuine lunatic can withstand the constant strain and excitement. In the early stage of acute mania, patients seldom sleep, unless under the influence of powerful hypnotics. A valuable means of diagnosis in such cases is to be found in the administration of certain medicines. In real or typical mania there is a certain insensibility or resistance to the action of drugs, such as opium, chloral and emetics. The quantity required to produce sleep, catharsis and emesis, in the malingerer, would produce little if any effect on the real insane man.

Non-Restraint in the Treatment of the Insane.

Dr. W. Lindsay closes a long article on this subject in the Edinburgh *Medical Journal*, with the following conclusions:—

Among the general results of my own observation, correspondence, and reading, are these:—

1. The use of mechanical restraint is advocated by at least ninety per cent. of physicians engaged in lunacy practice throughout the world.

2. The minority is not greater than is that of the general population who believe in and propagate such absurdities as spiritualism.

3. But the advocacy of mechanical restraint is one thing, its use another. For there are many strenuous advocates of its use who, nevertheless, in practice seldom or never have, or have had, occasion to use it.

4. What such advocates contend for is perfect freedom, both of opinion and action—unfettered liberty to employ or apply what they consider the best thing for a given patient under given circumstances, without reference to the current creeds of other people—to the tyranny of a false public opinion, or of a spurious public philanthropy, or to the amiable crotchets of mischievous enthusiasts.

5. The use of mechanical restraint is advocated, or it is itself employed, by the most eminent specialists of the day—by men as conspicuous for their advanced humanity or philanthropy as for their general culture and professional ability.

6. Mechanical restraint forms an occasional

feature of treatment in those asylums which have the noblest history and the highest reputation.

7. In other words, it constitutes an essential feature in the most modern, most enlightened, most humane treatment of the insane; while

8. It is itself unquestionably the most humane mode of treatment that can be adopted in certain exceptional circumstances.

9. One proof of this is to be found in the fact that maniacal patients themselves are sometimes the first to recognize its benefits by requesting its application, just as they voluntarily, in similar conditions, betake themselves to seclusion.

10. The substitutes that have been introduced by those whose extreme views have led them to renounce everything savoring of mechanical restraint are productive of much more serious and numerous evils.

11. So much so that Conollyism has done an amount of mischief to the insane, and to society through them, compared with which all the evils of the old restraint, in so far as those evils were at all real, are a bagatelle.

The Oxalate of Cerium in Pregnant Sickness.

Dr. Francis Edward Image writes to the *Practitioner*—Sir James Simpson introduced the oxalate of cerium, and prescribed it in ten-grain doses. The officinal dose is from one to two grains, which is, as a rule, so useless that the preparation has been stigmatized as the "oxalate of mud." As a general practitioner of seven years' standing, very many cases of pregnant sickness have naturally come under my care, and up to the present time I have not met with a case in which the nausea has not been very considerably relieved, and in most cases completely checked, by ten-grain doses of the oxalate of cerium. I have at the time of writing this a lady under my care, who, from the fourth week of her pregnancy till now, the eighth month, has suffered at intervals from this distressing symptom, but whose sickness has been invariably checked by from two to three days' administration of the oxalate in the dose I have mentioned. In severe cases I give it every four hours for the first day, beginning the first dose half an hour before the patient rises, and then, as improvement takes place, diminishing it to three times a day, but always giving the first dose of the day before the patient moves from the horizontal position—a point to which I attach much importance. The formula I employ is—

℞.	Cerii oxalatis,	grs.x	
	Pulv. trag. co.,	grs.x	
	Tre. aurantii,	℥ss	
	Aquam. ad.,	℥j.	M.

In Dr. Frowert's case he prescribed 1½-grain doses, which were "not followed by the slightest remission of symptoms." I hold that this want of good result was from the insufficiency of the dose.

The oxalate of cerium I have also found most efficacious in restraining the nausea resulting from uterine irritation. I generally combine it with bromide of potash in these cases, but have found it succeed in combination where the previous employment of the latter drug by itself has been without appreciable effect.

On the Use of Oil of Turpentine and Lucca Oil in Typhoid Fever.

Dr. P. L. O'Neile, Physician to the Fever Hospital, Athy, says, in the *Practitioner*—

In the April number of the *Practitioner* there appeared an extract from a communication of Doctor Perssé White to the *Medical Times and Gazette*, in which he extols oil of turpentine as a remedy in bronchitis complicating typhoid fever. I can endorse his remarks, and at the same time add that oil of turpentine, combined with lucca oil, in the proportion of fifteen minims of the former to thirty or more of the latter for a dose, and made up with mucilage or the yolk of an egg, is the best remedy for the diarrhœa and tympanites which are generally associated with the typhoid which prevails here at present. In the extensive practice which I enjoy, I have found this combination superior to any other drugs. Under its influence the stools are reduced in number, and become more solid in consistence, and the tympanites gradually less. In only a few patients have I known its administration to be attended with disagreeable results to the stomach, the greater number manifesting a wonderful tolerance of it. It may be given three or four times in twenty-four hours, and continued for weeks, if necessary. It prevents the palpable wasting of the disease, and obviates the necessity of giving alcoholic stimulants to a great extent—no mean desideratum in a workhouse institution.

Suicides Among Prisoners.

The *Journal of Mental Science* states that Dr. Morselli has made an elaborate analysis of the statistics of suicide in the Italian prisons, of which the main points are as follows:—

1. The frequency of suicide and attempted suicide is greatest in prisoners between 21 and 30; while in the population at large its frequency is greatest after forty years of age. Probably the young feel confinement most.

2. Suicide is committed or attempted more frequently in prison by country people than by townspeople; this is the opposite of the rule for the country at large.

3. Nearly half the attempts at suicide (as is also true of the attacks of insanity) are made within the first year of imprisonment.

4. Twenty-three per cent. only of those who attempted suicide had been condemned to less than five years' imprisonment.

5. Two-thirds of those who attempted suicide had always been reported as well-conducted in prison.

6. The proportion of suicides in Italian prisons is lower than in other European countries for men; but the proportion in women is relatively higher.

7. Suicides are more frequent during the summer months than in winter.

8. There is no evidence that in Italy suicides are more common in prisons on the cellular system than in others.

Morselli is strongly of opinion that Dr. Nicholson rates much too highly the proportion of simulated attempts at suicide to the real ones.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

—Dr. L. Turnbull's work on Anæsthesia has been very well received by the medical press. The eminent Dr. B. W. Richardson remarks of it, in a letter to Dr. Leared, "It is a good work, prepared with much conscientious care."

——"Dr. Stoker," says the London *Academy*, "is engaged in writing an account of his experiences in European and Asiatic Turkey during the late war. Besides serving in the Turkish army in the Caucacus, the Shipka Pass, etc., Dr. Stoker was for some time engaged in assisting Lady Strangford in her work, and he, therefore, had ample opportunities for observation."

——Dr. J. V. Shoemaker, of this city, has prepared a handy "Revised Chart of Skin Diseases," giving names, characters, and changes of their lesions. He has also prepared a chart of materia medica as taught in Jefferson Medical College, of value to students.

BOOK NOTICES.

The Antagonism of Therapeutic Agents, and What it Teaches. By J. Milner Fothergill, M.D. Philadelphia, H. C. Lea, 1878. pp. 157.

To this essay the Fothergillian Gold Medal of the Medical Society of London, for 1878, was awarded, and it will be found a highly interesting study and practical application of the antagonistic action of certain drugs. The author commences with a rehearsal of a number of experiments, mostly by other hands, illustrating the antagonism of opium and belladonna, atropia and prussic acid, atropia and physostigma, chloral and strychnia, chloral and picrotoxin, aconite and digitalis, etc., both in the lower animals and in clinical experience. Two chapters are then given to the antagonistic effects of drugs on what the author chooses to term "the rhythmically discharging centres," by which mysterious expression we find he means the circulation and respiration. The practical use of the antagonism of drugs in cases of poisoning presents itself as an important part of his inquiry, and is ably handled. The last chapter, on the use of the antagonism of drugs in ordinary practice, is less satisfactory, as the cases mentioned are not very convincing, and the author acknowledges to have formed some of his "views" so recently that he has not had an opportunity to bring them to the test of practice. Still, his words are suggestive.

Elementary Qualitative Analysis. By Alexander Classen. Translated, with additions, by Edgar F. Smith, A.M., PH.D. With thirty-six illustrations. Henry C. Lea, 1878. 1 vol., 8vo, pp. 328.

The short treatise of Classen has met with much popularity on the Continent, on account of its clear statements, brevity and judicious selection of methods. For a handy book for quantitative determinations it hardly has its superior, and it is enough to say that it stands where Fresenuis' work did some years ago. The translation, by Dr. Smith, has been accurately made, and the pages are illustrated with a number of engravings of apparatus. The paper and typography are excellent, and no doubt the work will be well received by students.

Bibliotheca Medica. A Catalogue of American and British Books relating to Medicine, Surgery, Dentistry, and kindred subjects. Cincinnati, Robert Clarke & Co., 1878. pp. 244. Price 25 cents.

This second edition of Robert Clarke and Co's. Catalogue contains quite a complete list of books and periodicals devoted to medicine, pharmacy, and kindred sciences. It would have been more useful if the publishers of the books had been mentioned, an omission which we can only explain on small-minded trade reasons. Of course the lists, though full, are not exhaustive. Naturally turning at this time to authors on yellow fever, we notice that Dowell and Belot, the two most recent authors, are neither of them mentioned in this connection.

THE

Medical and Surgical Reporter.

A WEEKLY JOURNAL,

Issued every Saturday.

D. G. BRINTON, M.D., EDITOR.

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THE CHINESE QUESTION IN ITS MEDICAL BEARINGS.

It is always to be sincerely regretted when scientific men misuse facts in order to bolster political and social prejudice. We cannot but regard in this light some of the recent expressions of the California medical press in regard to the Chinese. Everybody knows that the jealousy of the rabble and the discreditable enmity of the "hoodlums" (*who have votes*), have so infected the political parties of that State, that hardly a man is to be found there honest and bold enough to stand up for the principles for which this free government was founded. They are all willing to deny and renounce the one great foundation principle of our Declaration of Independence and Constitution, at the beck and order of the lowest and narrowest class. The Christian religion and the natural freedom of man are declared to be unable to withstand the introduction of Mongolian emigrants!

That even medical men should cater to this nothing else than contemptible subserviency (or disgraceful cowardice), we did not expect; and were, therefore, painfully surprised to find the *Western Lancet*, in a long editorial, some months ago, trying to stir up and disseminate this prejudice, not only in California, but elsewhere in this country. It prints an appeal on the subject, to which we give the benefit of circulation. After speaking of the number of prostitutes in San Francisco, "mostly young girls of the Mongolian race" (in passing, we add, that there is very positive authority for saying that the majority of prostitutes in San Francisco are *not* Mongolians), and that, of course, syphilis is common, the writer proceeds—

"While the labor question may engage the attention of the community, legislators, and the nation at large, the subject of social evil, and the engrafting of formidable types of disease on our race, should occupy the attention of medical men.

"Leprosy is another of the gifts of Asiatic civilization to mankind, and are we to lie idle and allow this to be engrafted on the future generations that will occupy our places when we have paid the last debt to nature? We trust that the medical men of this State and the adjoining States will give these subjects their attention, and carefully follow up the suggestion, tracing to their origin many of the sad cases of necrosis, tubercle, paralysis in all its varied forms, and the multitude of hydra-headed marks that this foul disease entails on man when contracted in early life. Also, whether there is not a specific difference in the type of disease which is introduced from the Mongolian race and that with which the Caucasian race has been afflicted for ages, under the rule of indiscriminate intercourse."

Now, *we trust* that this utterly groundless appeal to the passions and prejudices will meet with the condemnation it deserves. There is notoriously not the slightest basis for the assertion that "Mongolian syphilis" is one whit worse than the genuine native American article. The reports of the British Hospital, at Hong Kong, for many years past, are printed and easily accessible, and prove the falsity of the charge. The assertion that, because leprosy finds its historical origin in Asia, we should forbid all Asiatics our shores, shows the narrowness and worthlessness of the anti-Chinese arguments.

Leprosy is, and has been, more prevalent in western than in eastern Asia. Especially severe has it been in Judea, whence, however, we have another "gift of Asiatic civilization," to wit, the Bible, which teaches us the brotherhood of man, and specifically that, if a man is a leper, or a woman a Magdalen, we should not, on that account, shut our doors to them and forbid them our presence. Yet, just this is what this specimen of American civilization calls upon the profession whose mission is the healing art, to do.

The whole anti-Chinese agitation is an outcome of the worst and lowest enmities of selfish class strife; it has been fostered by narrow-minded or unscrupulous demagogues, in order to catch the votes of the masses; it has extended by a contagion of mistrust and bigotry far more to be feared than leprosy, to the cultivated, even the philanthropic, few. Now that it is deliberately urged on the medical profession, this journal pronounces on the position it shall take, in language of no uncertain ring. The Chinese ought to receive as warm a welcome throughout the whole of this broad land as the German, the Irishman, the Englishman, or the African. Our gates should be opened to him without restriction; his comings and goings should be aided and encouraged; the selfish classes who would abuse him, and the blinded men of education who berate and falsify about him, should alike be repressed—the one with the prompt and strong arm of the law, the other with the open and general condemnation of their enlightened compeers.

Notes and Comments.

Bills Presented.

Bills will be found enclosed in this and the last numbers of the Reporter, to those who have not yet settled their indebtedness to this office. We fully believe that, in nearly all cases, this neglect is owing to forgetfulness and the pressure of other occupations. And we hope that this reminder will be sufficient to lead to a prompt adjustment of these accounts.

Yellow Fever.

Our esteemed correspondent, Dr. A. R. Kilpatrick, of Texas, writes us—

I am pleased that you give place, in your very popular Reporter, to communications on the epidemic yellow fever. In the number for 31st of August, 1878, I read with great interest the views of Dr. J. M. Woodworth, Surg. Gen. etc. These views coincide with my own so well that I take pleasure in endorsing all except that the "period of incubation of the disease lasts from *two to six days.*" I have practiced in yellow fever cases since 1839, and have known cases where persons have had yellow fever after being absent from an infected place *twenty-one days*. From two to six days is the most general period of incubation.

I cannot believe in the local origin of yellow fever, and the proofs adduced by Dr. Woodworth are irrefragable, as to its being an exotic.

The Cause of Leukemia.

In the *Deutsches Archiv. für Klinische Medicin*, August 20th, 1878, Dr. Naumann has an article setting forth the grounds for believing that leukemia takes its origin in a disturbance of the functions of the liver, consisting in an overloading of the blood with albumen and its derivative forms, which do not undergo normal changes in the liver, especially the transformation into fat. From this theoretical discussion he advances the suggestion that, from the known effects of phosphorus on the hepatic functions, it is possible that this drug may prove curative in leukæmic cases; and in view of the notoriously intractable character of the disease, it is worth a trial.

Inebriety in American Women.

The editor of the *Journal of Inebriety* says, in a late number—

By many observers it is thought that the peculiar mental and nervous strain incident to the rapid changes of circumstances and condition common to American women predisposes them to inebriety. This is true to a limited extent only; relief from this condition is more often sought in narcotics, such as opium, etc.

From a general survey of the more active causes, it is evident that inebriety exists to a considerable extent among all classes of women in this country; also, that it is less prominent than in men, but more precipitate and rapid in its progress.

Pronunciation.

A correspondent throws out some hints on the pronunciation of medical terms. He writes—

It is to be regretted that physicians are not more uniform in the use of language, as regards pronunciation. It may be generally accepted as a fact that the physician who does not pronounce medical terms correctly has never had the advantages of a college education; for surely, if he had ever listened to medical lectures, he would know how to pronounce medical words. Unfortunately, there is a diversity among our professors in this respect; and more unfortunate still is the fact that our medical dictionaries afford us no guide. The rule that the accent falls upon the syllable containing the letter *o* in a large number of words, such as abdomen, clitoris, collodion, lithotomy, melanosis, etc., is generally observed; but the most striking lack of uniformity is in the use of the affix signifying inflammation. It will be noticed that the older members of the profession, those who do not like to be disturbed by what they term "non-essential innovations," retain the sound of *e*, while the young men, fresh from college, take delight in giving stress to the *i*, as it sounds in itis. The young men are undoubtedly correct, and it is a matter of surprise that Prof. E. M. Avery, of Cleveland, Ohio, in a recent work on Natural Philosophy, should take pains to continue an error by directing that liter should be pronounced 'leeter.' Aside from philological reasons, there should be as wide a difference as possible in pronouncing meter and liter, words which bid fair to come into general use, as errors would thereby be prevented."

To the above we would say that the pronounciation of Latin is differently taught in Harvard and Yale, and in Oxford and Cambridge; and while these great universities adopt such contrary methods, medical men are at liberty to follow which they please. Correct *quantity* is all that need be aimed at.

How to Kill a Tapeworm in an Hour.

Kousso and kamala are expensive drugs, nauseous to the taste, not always effectual, and requiring several days to effect the death of the worm. Dr. Karl Bettelheim, of Vienna, narrates, in the *Deutches Archiv*, just received, a heroic method and nearly sure cure in the short space of time of three quarters of an hour to two hours. It is this; he inserts a tube in the œsophagus, to the stomach, and pours down from 200 to 400 grammes of a very concentrated decoction of pomegranate root, having previously had his patient fast for 24 hours. The worm is stupefied and passed, head and all, to a certainty; the patient has no sickness of the stomach, and no nauseous swallowing to do; and the drug is cheap.

Ergot in Trichina Disease.

Dr. Rohde relates, in the *Berliner Klin. Woch.*, a case of trichinosis in which severe bleeding of the nose occurred, and in which he prescribed extract of secale cornutum as a styptic. The hemorrhage was immediately arrested, and with this rapid improvement of the general symptoms also occurred. This result led him to prescribe ergot in other cases of the disease; and in all instances distinct improvement followed. He believes, therefore, that we have, perhaps, in ergotin a means of treatment which, without having any marked effect on the human economy, may prove fatal to trichina and their offspring.

Laudanum Tippling.

The following extraordinary statement is from the *Journal of Inebriety*, for September. We can scarcely credit that it is extensively done:—

Our attention has been called to the fact that the use of laudanum as a drink was increasing in many parts of the country. Correspondence with patients and their friends furnishes many instances where laudanum is taken at soda fountains, and over the "bar" of liquor dealers, as a daily drink.

In most cases it is used with alcohol, to lessen the irritative effect of this drug, or the results of excessive abuse, as a sedative, or as a stimulant. In England a favorite preparation used after drinking is called "Pick me Up." In some large cities druggists give compounds of laudanum and ginger, under fanciful names, and these are resorted to always after, in place of, alcohol. This accounts for the enormous sales of opium, of which not over one-fifth is used in medicine.

—It is said that for six years, at least, no case of typhoid fever has been known to originate in the Philadelphia Almshouse, and a physician attributes the fact to the liberal use of copperas at the institution.

CORRESPONDENCE.

Yellow Fever in the Ohio Valley.

ED. MED. AND SURG. REPORTER:—

I notice in your issue of August 24th, just received, a paragraph concerning "Yellow Fever and its Rational Treatment," containing a misstatement calculated to do great injury to the medical colleges of this city. The paragraph leaves the impression that the disease is epidemic here, and that hundreds of cases have occurred. A statement of this sort just now, at the season when medical lectures commence, is calculated to divert students to other points. Yellow fever is not now prevailing in Louisville, and never has become epidemic, though at various times within the last thirty years cases have been brought here from the South and nursed by the citizens; in not a single instance have any of them contracted the disease. The City of Louisville has provided a fever hospital, and placed it in charge of an experienced physician, to which all cases developing among the refugees are at once taken. Eight cases in all have developed, in persons coming from Grenada, Memphis and Vicksburg, and of these, two have died. Two of the cases occurred in a crowded hotel, yet none of the inmates contracted it. Louisville never has been in a better sanitary condition, and the rate of mortality has been lower this summer than was ever known before. I trust that you will make this correction.

FRANK C. WILSON,
Secretary Hospital College of Medicine.
Louisville, Aug. 26th, 1878.

[We insert the above, although the paragraph alluded to does not bear the construction put upon it, and, of course, the medical profession read the papers enough to know that, so far, Louisville has escaped the epidemic.—ED. REPORTER.]

Naphtha as a Disinfectant.

ED. MED. AND SURG. REPORTER:—

As I have never seen the use of naphtha mentioned in any of the current medical journals, as a disinfectant, I desire to call attention to it, and seek, through your pages, any information other physicians may have, as to its use in sick rooms and for the purpose of disinfecting all clothing, hangings, bed clothes, books, furniture, etc. Having had some experience in its use, and believing in its efficacy, I should like to hear from any physician who has experimented with it. The only record I can find of any observation in regard to it, is by Dr. Day, of Melbourne, who has used gasoline, kerosene, naphtha, benzine and other products of petroleum, for disinfecting purposes. He considers naphtha or gasoline the best thing he has used, and attributes their disinfecting qualities to the fact that they possess the property of generating peroxide of hydrogen, or of storing it up until brought in contact with oxidizable substances for which it has an affinity.

Dr. Day suggests the brushing of books, wall paper, newspapers, which have been kept in the apartments of patients afflicted with scarlet fever, small pox, diphtheria, etc., with naphtha. Here, in Chicago, naphtha is used in an establishment which makes a speciality of cleaning carpets, furniture, mattresses and hangings, and especially the removal of moths. The furniture, carpets, etc., are dipped into tanks of boiling naphtha, and allowed to remain over night. Not the slightest injury is done the most delicate fabric, if we except the faint odor, which, after drying, is readily removed by proper airing. It is quite customary for some physicians here to send the entire contents of a sick chamber, carpet, curtains, furniture, books, papers, pictures, in fact, everything movable, and have them all placed in the tank for several hours. The naphtha is heated to a boiling point by steam pipes passing through the liquid, and although naphtha boils at rather a low temperature, 195°, or thereabout, the heat is considerably increased by the use of sheet iron covers to the tanks. In all the cases I have known of, it has proved a perfect disinfectant.

Just at this time, when the postmaster of Memphis has sought, through Surgeon General Barnes, some method of disinfecting the mails, it occurs to me that no way can be more expeditious, and none more reasonably sure, than that which I would suggest, of throwing the mail bags into one of these tanks filled with boiling naphtha. An hour's immersion would probably suffice to thoroughly disinfect them; the contents can be spread out and dried in half an hour, and in this way but slight delay would be caused in forwarding mails from southern points. L. H. WATSON, M.D.

Chicago, Ill., August 28th, 1878.

Etiology of Yellow Fever.

ED. MED. AND SURG. REPORTER:—

We wish, through the columns of your valuable journal, to moot the question in reference to the etiology and pathology of yellow fever, well aware of the fact that no disease has been more ably written upon than it has been. We have been taught, from time immemorial, by the ablest members of the profession, that it is a malarious disease, differing from intermittent and remittent fever only in degree, not in kind. Now, if this be true, is it not logical to suppose that the same remedies that cure remittent and intermittent fever should cure yellow fever? But our southern medical brethren, who are as skillful and learned as the members of the profession anywhere, have signally failed to stay its ravages in any degree. The treatment in no two epidemics being alike, in short, it has been empirical and experimental in the extreme. May we not be partly or altogether mistaken in reference to its etiology and pathology. If it is a malarious

disease, may it not be complicated with some other septic poison, analogous to that of typhus, or the materies morbi of some new disease not yet discovered? At this time we only wish to raise the question, without attempting its discussion. A thorough discussion and study of the disease by the medical profession of the whole civilized world, at present, would not be time misspent. JAMES L. PERRYMAN, M.D.

Belleville, Ill.

NEWS AND MISCELLANY.

American Academy of Medicine.

The third annual meeting of the American Academy of Medicine will be held in Pardee Hall, Easton, Pa., September 17th, 1878, at 3 o'clock P. M. R. M. SIBBET, M.D., *Secretary.*, *Carlisle, Pa.*

FRANK H. HAMILTON, M.D. L.L.D., *President*, 43 *West 32d St., New York.*

September 2d, 1878.

American Gynecological Society.

The third annual meeting of this Society will be held in Philadelphia, September 25th, 26th, and 27th, 1878. Dr. William Goodell is president, and will deliver the usual address. Attention is called to the vote passed at the last meeting, "That all Fellows be henceforth limited to thirty minutes for the *reading* of their papers," which, however, does not restrict the length of the manuscript for publication. The meeting will be open to all members of the profession.

Official Yellow Fever Report for Week Ending Sept. 7th, 1878.

NEW ORLEANS.—During the week ended yesterday noon there were 1732 cases of yellow fever and 526 deaths, making in all 4509 cases and 1395 deaths. During the twenty-four hours to noon yesterday there were 280 new cases and 61 deaths.

PORT EADS, LA.—During the past week there was one death from yellow fever, but no new cases

MORGAN CITY, LA.—During the week to yesterday noon there were 14 cases of yellow fever and 2 deaths, making in all 22 cases and 6 deaths.

VICKSBURG.—During the week ended yesterday evening there were 181 deaths, 41 of which occurred in the last twenty-four hours, making in all 366 deaths. About 2500 cases have occurred since the outbreak. Surgeon Keyes telegraphs that the fever is on the increase, and it is impossible to obtain accurate data.

GRENADA.—Dr. Warren Stone reports 96 new cases of yellow fever and 40 deaths during the week ended yesterday evening.

CANTON, MISS.—During the fortnight ended yesterday noon there were 172 cases of yellow fever and 22 deaths, making in all 190 cases and 30 deaths. There are 120 cases under treatment, of which 16 occurred during the last twenty-four hours.

OCEAN SPRINGS, MISS.—During the week ended yesterday evening there were 15 cases of yellow fever and 5 deaths.

HOLLY SPRINGS.—The first case of probable yellow fever occurred on the 27th of August, resulting in death September 1st; 2 deaths from undoubted yellow fever followed on the 2d. To yesterday evening, about 100 cases and 25 deaths had occurred. More than one-half of the population fled the city between the 2d and 5th instant. All of the members of the Board of Health are sick.

MEMPHIS.—For the week ended Thursday evening, September 5th, there were 529 deaths from yellow fever. Dr. Thornton reports that the number of cases cannot be obtained. During the week before the number of deaths (241) and the number of cases (721) were as 1 to 3.

HICKMAN, KY.—The first case of yellow fever occurred August 16th. There were 60 cases and 24 deaths to yesterday evening.

LOUISVILLE.—For the week ended yesterday evening there were 25 new cases of yellow fever and 7 deaths, all refugees and river boatmen.

ST. LOUIS.—During the week ended yesterday evening there were 3 deaths from yellow fever; 2 refugees and a resident nurse who attended the refugees in hospital. At quarantine, below St. Louis, there were 10 new cases admitted, and 9 deaths, all refugees but one—the steward of the quarantine hospital, who is now sick, he having contracted the disease at quarantine. All boats and trains from infected districts are prohibited from entering the city, which remains healthy.

PASCAGOULA, MISS.—3 cases of yellow fever, in shipping from New Orleans, between the 1st and 5th instant.

CINCINNATI.—From August 28th, to afternoon of September 4th, three new cases of yellow fever, and two deaths occurred, among refugees.

BAY ST. LOUIS, MISS.—One refugee arrived from New Orleans, August 26th, with yellow fever, and was sent back to New Orleans the next day. No other cases.

MOBILE.—City healthy. No yellow fever since the one death which occurred August 31st.

KEY WEST.—Two cases of yellow fever and one death during the week ended yesterday noon. JOHN M. WOODWORTH,

Surgeon General U. S. Marine Hospital Service.

—Dr. Joseph Kidd, the physician who was summoned from Berlin to attend Lord Beaconsfield, charged one hundred guineas a day for the period of his absence from his patients. His practice is said to be worth more than that. Some of the newspapers speak of him as a "homœopathic" physician, but the *Lancet* contradicts this statement. He does not belong to that pathy. He is a graduate of Kings' College, Aberdeen.

Yellow Fever Items.

—It is stated that Fort Smith, in Arkansas, 460 feet above the level of the sea, is the highest point at which the yellow fever has ever prevailed as an epidemic in this country.

—The Vicksburg *Herald* says:—A gallant ex-Confederate, and successful practitioner of medicine in this city, remarked to us, yesterday, that the present condition of Vicksburg was worse than war. A sad truth.

—The Memphis board of health has adopted a resolution, as follows: "That any one carrying in a public hack, to a place of interment, any yellow fever corpse, shall be fined not less than $10, nor more than $50."

—Dr. Holiday, of New Orleans, says that children born in New Orleans are as liable to take the yellow fever as those born in any other State. No one, native or foreign, is acclimated until he has had an attack of yellow fever.

—A New Orleans correspondent says that a strange feature brought to light by the comparative statistics of convalescent and fatal cases, was the fact that the mortality among the negroes attacked is nearly 60 per cent.; so fatal, indeed, is the disease, that when a full-blooded negro is seized he abandons hope at once.

A young lady on St. Charles street, who was already able to move about the house, and was considered totally out of danger, was severely frightened by a vivid flash of lightning, relapsed into fever within an hour, and died with the black vomit in a few hours.

Items.

—A largely increased edition of the REPORTER will be issued weekly during the fall months.

—The Navy Department has been advised, by Commander Phillips, commanding the Tuscarora, of the death of Surgeon Ed. H. Ware, at Acapulco, on the 13th inst. Orders have been sent for the Tuscarora to return to San Francisco.

—Shameful peculation has been discovered in the finances of the Minnesota State Insane Asylum, by an investigating committee of State Senators. Two of its trustees made a trip to the Centennial Exhibition, at a cost to the State of $3000, and the bills of all the board, for services and mileage, have been equally extravagant.

—Dr. Greensville Dowell, of Galveston, Texas, author of the recent treatise on yellow fever, has been in Memphis for some weeks, having volunteered his services in the epidemic there. He has charge of the Walthall Home, or Infirmary, organized by Mann Walthall, of Mobile.

QUERIES AND REPLIES.

Dr. H. T. B—We do not know of any material difference in the value of the atomizers you mention, except the one is more complete than the other, as indicated by the price.

Dr. S. C. T., of N. J., desires information in regard to carbolated injections in hydrocele, percentage of carbolic acid, etc.

Dr. W. A. C., of Ga.—There is no specific treatment which has ever proved successful in yellow fever. Each case and each epidemic requires separate study.

Dr. J. W. C. inquires the formula for "Doughtie's Stimulant."

Dr. J. D. McG. and others.—Owing to his many duties, Dr. Goodell has not been able to superintend the publication of his Lectures, and we cannot promise them before November.

J. H. P., of Nebraska.—Thanks for your letter. Its contents will be used and credited.

OBITUARY.

DR. WASHINGTON L. ATLEE,

Of this city, died at his residence on Arch street, on the 6th instant; his malady was cancer of the stomach. Dr. Atlee was born at Lancaster, Pa., on February 22d, 1808, and was, consequently in his seventy first year. He was the youngest son of William Pitt Atlee, and grandson of Hon. William Augustus Atlee, one of the early Judges of the Supreme Court of Pennsylvania, his term extending from 1777 to 1793. His maternal grandfather was Major Washington Light, a soldier in the army of the Revolution. At the age of sixteen Dr. Atlee entered the office of his brother, Dr. John L. Atlee, at Lancaster, and subsequently entering Jefferson College, with the third class enrolled at that institution, graduated in 1829. He then returned to Lancaster county, where he practiced his profession and ardently pursued the study of botany and science. In 1849 he removed to this city, and, by invitation, filled the chair of medical chemistry of the Pennsylvania College until 1853, when, his private practice demanding much of his time, he resigned that position. He was an active member of the State and County Medical Societies and the American Medical Association. A brilliant extempore speaker and an able debater, his weight was always cast in favor of a higher medical education and a broad and liberal construction of the rights and duties of medical life. As a practitioner he was most famous for his advocacy of the difficult operation of ovariotomy. Commencing its performance and defending its propriety at a time when hardly another surgeon in the land dared support him, he vindicated its merits by his success in more than three hundred cases.

Dr. Atlee lived to see the practice he sought to establish generally recognized, by many of those, indeed, from whom he encountered the greatest opposition. As a writer, he contributed ably to all the current medical and surgical magazines. The prize essays of the American Medical Association in 1853 included one written by him, and quite recently (1872) he summed up his extended experience, in a volume on ovariotomy. The loss to his profession, which he adorned, and to society, where he was esteemed and admired, is a severe one.

DR. E. M. MARTIN, U. S. N.,

Whose death we announced last week, was the eldest son of Dr. John Martin, who has practiced for some thirty years in this State. In 1874 Dr. E. M. Martin took his degree at the University of Pennsylvania. He then prepared for the naval examination, under Dr. Willard, of Philadelphia, and the same year was commissioned as Assistant Surgeon U. S. N. Immediately he was ordered to the Brooklyn Navy Yard, and with one or two exceptions has been in active service since, serving on a torpedo boat in Brooklyn harbor, on the Lackawanna in the Pacific, and on the ironclad Ajax, at Brandon Va. Owing to protracted mental effort in his professional studies, his health broke down, and he was ordered home some six weeks ago, and on Tuesday, the 20th, he had an attack of apoplexy, from which

he died. The deceased was held in high esteem by his brother officers, by his professional brethren at home, and by his father's patients among whom he had practiced to some extent. His funeral was largely attended, some thirty physicians being present. His body was attended to the grave by an escort of honor, consisting of Drs. Messersmith, U. S. N.; W. Marshall, U. S. N., and J. Ross Martin, U. S. N.

Bart, Pa., 1878.

DR. BENJAMIN R. ROBSON,

Of New York city, died there last week, in the ninety-third year of his age. Dr. Robson was born in 1785 studied medicine in the office of Dr. Seaman, and at the age of 19 was elected House Surgeon of the New York Hospital. In 1805, he was appointed by Capt. Minot surgeon on board the ship Samson, and on his return to New York commenced practice there as a physician. For sixty years he was in the constant practice of his profession in New York, and became widely known as a most skillful and careful physician; but about 1865 his sight became impaired, and he was compelled to abandon his active duties, his advice, however, being still sought by many of his brother practitioners in difficult cases. Dr. Robson was one of the incorporators of the New York County Medical Society, in 1806, was for many years its treasurer, and at his decease was the oldest member of the society. In 1813, and for many years subsequently, he held the position of Attending Physician to the New York Dispensary. He was a veteran of the war of 1812, having served as Surgeon to the First Regiment, Third Brigade, under Col. Dodge, and was afterward appointed Surgeon on the staff of Gen. Van Rensselaer, Commander-in-Chief of the veterans of that war.

DR. JULIUS AUERBACH

Died the latter part of August. He was one of the most prominent physicians on Long Island, and had practiced his profession there twenty-five years. He was born at Mayence, Germany, in the year 1821. After graduating at Tubingen, he emigrated to this country and completed his course of study in New York and Brooklyn, receiving a practitioner's license from the Queens County Medical Society, in the year 1853. He was a brother of Berthold Auerbach, the noted German novelist, and the latter once dedicated a popular novel to him. Dr. Auerbach's death was indirectly due to an accident. While riding out a few days ago his horse ran away, and the Doctor jumped from his carriage. He escaped with a few slight bruises, but on reaching home he was seized with a fit of coughing, during which his diaphragm was ruptured. Inflammation at once set in, and he died in great agony.

DR. HARWOOD WAKEMAN,

Of New York, was drowned while bathing in the Blue Mountain Lake, in the Adirondacks. Dr. Wakeman was born in New York, about 1849. He was graduated from the Yale College Scientific School, and afterward entered the office of Dr. Lewis A. Sayre, going thence to the Bellevue Medical College, whence he was graduated eight years ago.

DR. HUGHES, OF GRENADA.

A special from Grenada, Miss., says Dr. Hughes is dead. He was the most prominent physician here, and, in fact, of all north Mississippi. His last words were to his attendant physician, Dr. W. P. Beatty, of Mobile: "Please have me buried like a gentleman and physician" Dr. Beatty saw that it was done, laying him out and dressing his body with his own hands, and followed the corpse to its last resting place.

DR. CHARLES M. GRIFFITHS

Died in this city, August 23d, aged seventy-nine years. He was born at Whitehall, in Bucks county, on the 17th of March, 1799, and was the son of Dr. Amos Griffiths. His mother was Elizabeth Weber, daughter of Captain Weber, of the Revolutionary War, who was subsequently an Associate Judge in Montgomery county. Charles M. Griffiths studied medicine, was a diligent student, and was successful in surgery. He retired from practice about fifteen years ago. He was a brother of Dr. Jesse W. Griffiths, who for a long time was in practice in this city.

MR. WILLIAM FISHBOURNE GRIFFITTS

Died August 28th, aged eighty-one years. He was a native of this city, and a son of Dr. Samuel Powell Griffitts, who for many years was a prominent physician. He was for several terms president of the Philadelphia Dispensary, his father having held the same position before him.

MARRIAGES.

GORDON—WADSWORTH—At Davenport, Ia., on August 1st, 1878, by Professor David McDill, D.D., and the Rev. J. W. Coleman, Mr. Joseph C. Gordon, of Washington, D. C., and Miss Anna Sibyl, eldest daughter of Dr. J. Wadsworth, till recently of Cincinnati, Ohio.

LEWITT—SMITH.—August 8th, 1878, in Detroit, Mich., at the residence of M. C. Huyett, 300 Lafayette Avenue, W. B. Lewitt, M.D., and Susie E. Smith, youngest daughter of the late Rev. W. C. Smith.

SHIVERS—PETERSON.—At Haddonfield, N. J. on the 17th inst., by Rev. Joel Rudderow, C. H. Shivers, M.D., and Miss Annie D. Peterson, both of Haddonfield.

WICK—ABRAMS—At the Kent House, Lake View, Chautauqua Lake, N. Y., August 7th, 1878, by Rev. A. C. M'Clelland, Dr. J Addison Wick and Miss Blanche P. Abrams, both of New Bethlehem, Pa.

DEATHS.

AYERS.—S. J. Ayers, M D., at Bart, Pa. He was a classmate of E. M. Martin, U.S.N., and a partner of his father, Dr. John Martin.

BULKELEY.—In New York, on Monday morning, August 19th, Julia Neilson, wife of Charles A. Bulkeley and daughter of the late John Neilson, M.D.

CAMPBELL.—Suddenly, on Wednesday morning, August 14th, 1878, Mary Catharine, wife of Dr. N. L. Campbell, of New York.

DAVIS.—In New York, August 23d, 1878, Dr. N. Reynolds Davis, eldest son of Dr. John Davis, of New York city, and late Surgeon of steamship Acapulco, in the fifty-third year of his age.

EDDY.—In Chester, Vt., August 5th, Mary C., wife of Dr. Wm. F. Eddy, forty-four years of age.

FIELD.—In Washington, Vt., July 29th, of heart disease, Dr. E. C. Field, aged 31 years, 8 months and 14 days.

GRIFFITHS.—In Philadelphia, on the 23d instant, Charles M. Griffiths, M.D., in the eighty-second year of his age.

LORD.—At Stamford, Conn., August 23d, in the thirtieth year of his age, John P., son of Dr. John Lord.

ROBSON.—In New York, on August 18th, 1878, Benjamin R. Robson, M.D., in the ninety-third year of his age.

STEARNS.—On Sunday, August 11th, 1878, Daniel E. Stearns, M.D., of New York, aged seventy-seven years.

WAKEMAN.—Harwood Wakeman, M.D., drowned in Blue Mountain Lake, Adirondacks, Thursday, August 15th, in the thirty-first year of his age.

WILLIAMSON.—At New Brunswick, N. J., on Monday, August 12th, 1878, of typhoid fever, Sarah C., wife of Dr. Nicholas Williamson, and eldest daughter of Professor George H. Cook.

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Smithsonian Institute

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CONTENTS:

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

CLEVELAND, J. A. H.—Nursing and Diet in Yellow Fever..... 243
MAC CONNELL, W. G.—The Treatment of Six Cases of Rodent Ulcer, by the Use of the Caustic Potassa, at the Jefferson College Hospital.. 245
COHEN, J. SOLIS.—Case of Cyst on Vocal Cord—Removed with Forceps..... 246

MEDICAL SOCIETIES.

American Dermatological Association—Second Annual Meeting..... 247
International Congress of Hygiene.—Ventilation of Public Buildings; Mortality of Medical Men; Immunity of Copper Workers from Cholera; Pollution of Rivers; A Ministry of Public Health; The Abuse of Tobacco; Prevention of Rabies; Scurvy; The Flesh of Diseased Animals; Artificial Coloring of Food..... 250

EDITORIAL DEPARTMENT.

PERISCOPE.

The Treatment of Acne..... 252
Recent Views on Development..... 253
Treatment of Internal Bleeding Piles..... 253
On Sporadic Yellow Fever..... 254
Fracture of the Patella Treated with the Tourniquet..... 254
The Antiseptic Treatment of Diphtheria..... 254
Treatment of Puerperal Convulsions..... 254

REVIEWS AND BOOK NOTICES.

Notes on Current Medical Literature..... 255

BOOK NOTICES.

Transactions of the Medical and Chirurgical Faculty of the State of Maryland at its Eightieth Annual Session..... 255
Stricture of the Male Urethra; Its Radical Cure (Otis)..... 256
Medical Communications of the Massachusetts Medical Society..... 256

EDITORIAL.

WARNINGS FROM THE PESTILENCE..... 257

NOTES AND COMMENTS

The Home of Yellow Fever..... 259
Advantages of Legal Control over Prostitution.. 259
The Urine in Nephritis..... 259
Character of the Yellow Fever in Memphis..... 260

CORRESPONDENCE

Prussian Blue in Ague (Stonebraker)..... 260
"An Obscure Case of Cerebral Disease" (Dodds) 260

NEWS AND MISCELLANY.

Meeting of the Alumni Association of the Jefferson Medical College, in Reference to the Death of Dr. Atlee..... 260
Indiana, Illinois and Kentucky Tri-State Medical Society..... 261
Reports of the Epidemic..... 261
The Ministering Angels..... 262
Origin of Diphtheria..... 262
Personal..... 262
Items..... 262

QUERIES AND REPLIES.

Pocket Batteries..... 262
MARRIAGES AND DEATHS..... 262

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For Offensive Breath, no remedy will give more certain relief; use one, two or three times a day.

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PEPTONIC PILLS.

Pepsin Pancreatin with Lacto-Phosphate of Lime and Lactic Acid.

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This pill will give immediate relief in many forms of Dyspepsia and Indigestion, and will prove of permanent benefit in all cases of enfeebled digestion, produced from want of proper secretion of the Gastric Juice. By supplementing the action of the stomach, and rendering the food capable of assimilation, they enable the organ to recover its healthy tone, and thus permanent relief is afforded. One great advantage of the mode of preparation of these pills is the absence of sugar, which is present in all the ordinary Pepsin and Pancreatic compounds. In this form, the dose is much smaller, more pleasant to take, and is less apt to offend the already weak and irritable stomach. The results of their use have been so absolutely satisfactory, that we are confident further trial will secure for them the cordial approval of the Medical Profession and the favor of the general public.

Each pill contains one grain of pure PANCREATIN, which is equivalent to 10 grains of the ordinary or Saccharated usually prescribed and dispensed. Physicians will appreciate the great advantage of this mode of administration, the increased benefit to the dyspeptic being due to a full and effective dose of each, freed from unnecessary bulk, and really hurtful addition of sugar. A single pill will give immediate relief.

DIRECTIONS:—Take one pill immediately after eating or when suffering from Indigestion, Lump in the Throat or Flatulence. For children, reduce the pill to powder and give one-fourth or half, according to age.

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1111-1yeow **Chemists, PHILADELPHIA.**

THE

MEDICAL AND SURGICAL REPORTER.

No. 1125.] PHILADELPHIA, SEPT. 21, 1878. [Vol. XXXIX.—No. 12.

Original Department.

Communications.

NURSING AND DIET IN YELLOW FEVER.

[The following article is from the pen of one of the most experienced nurses in yellow fever in southern Texas, Mr. J. A. H. Cleveland. It has been kindly furnished us through his son, by Dr. A. R. Kilpatrick, of Navasota, Texas.—Ed. Reporter.]

* * * * * * *

In 1867 the yellow fever broke out in Liberty, Texas, where I then lived. Feeling alarmed for the safety of my family, I dispatched at once to my father, in Galveston, whom I knew to have been an experienced and successful nurse in all the epidemics occurring in Galveston since 1844, to furnish me with his mode of treating the disease. He did so. My wife was my first patient. I applied my father's treatment—with me an experiment—confidently, however, because I had his assurance that it would not fail. She recovered. In a few days our children, five, with the same disease, were nursed through to convalescence. With the assistance of my convalesced patients as nurses, I treated thirty six cases; of these, three died. Dr. James P. Cooke, a physician of acknowledged skill, then and still living in Liberty, observing the effects of the treatment, adopted it, and did not lose a single patient of those he treated. I do not now remember of the recovery of a single case treated otherwise than according to my father's method—in every instance dying with black vomit.

I need not say to your medical readers that my father was no doctor—made no pretensions whatever beyond an accurate diagnosis and proper treatment of this particular disease. But I may say to them that there are hundreds of living witnesses now in this city who can attest his unfailing success in its treatment, through the succession of epidemics occurring in this city from 1844 to the time of his death in 1875.

Symptoms.

Flushed face, eyes inflamed, and sometimes bloodshot; skin dry and feverish; headache, with pain in the back and bones; chilly sensations, slight shivering, and sometimes sick stomach.

Treatment.

When all or any of the above symptoms are felt, in time of an epidemic, the patient should prepare himself for treatment. First, take common cistern water, about milk-warm, add—to say half a gallon—castile soap, dissolved, of the size of a musket bullet, and with a good instrument inject into the bowels a sufficient quantity to produce an evacuation. Next, and secondly, prepare a mustard bath in a vessel sufficiently large to admit both feet and legs half way up to the knees; put in at least a quarter of a pound of good mustard—Kentucky the best—and about one pint of good ashes, and let the water be as hot as the patient can bear it. Into this put both feet, and cause a blanket to be wrapped around the vessel and around the legs and body of the patient, so that the steam passes from the vessel well up the body. After having the bowels moved, the system relaxed, the patient perspires readily. In from five to twenty minutes the perspiration will show pretty freely on the face; the patient

must submit to the bath until it comes out. If hard to sweat, keep adding hot water; but as soon as the perspiration appears freely on the face take out the feet, wipe dry and put him regularly to bed; place two bottles with hot water to his feet, cover him with one sheet and one blanket, let the room be well ventilated, but never allow your patient to lie in a draft of air, nor touch him with cold water or cold hands below the eyes when perspiring. Let your conversation be encouraging—don't permit him to talk much, and keep all talkers out of the room. Next, and thirdly, put into a washbowl about one quart of cistern water; take one tablespoonful of spirits of camphor, one tablespoonful spirits of ammonia, and one tablespoonful common salt, and put into the washbowl, and put in say two pounds of ice. This I call "sedative water." Prepare three or four cloths, cotton or linen, about three inches wide, and three thicknesses of the cloth, and long enough to reach from temple to temple—keep this in your bowl of sedative water, and apply to the forehead as rapidly as you please, say change every minute, taking care to wring all the water out of the cloth, so as to wet his pillow as little as possible. I have never yet seen a case where I could not control and keep a patient well at himself, by applying these ice cloths rapidly to the forehead. Give the patient good lemonade, as cold as ice will make it, about one-third of a tumblerful as often as he wants it. It acts on the kidneys and assists well the urinary organs, a great item in the cure of yellow fever; if he becomes tired of the lemonade, give ice water, about a tumbler one-third full at a drink, and ice to eat in small quantities; after this manner satisfy his thirst. In the meantime keep a watch and see that the perspiration goes on, and keep it up gently after you begin to reduce the fever until he is well cooled off; this requires, usually, from twelve to thirty-six hours; about twenty-four hours will usually freeze out a fever with my mixture. Take no medicine from beginning to end, nor do anything to disturb the stomach. I rarely have occasion to use any remedy for sick stomach, and if I do, I take flaxseed meal, mix to a dough with sherry wine, and sprinkle in a few hops; apply a poultice of this to the stomach, and it never fails to quiet it; but not one ca e in twenty requires it.

As soon as you have cooled down the fever take a good instrument and relieve the bowels; use only water from your cistern; it cools the body, and goes far to prevent what physicians call a return of fever. Just as long as there is any heat about the head, work on the ice cloths, and about every two hours pour half the water out of your washbowl, for the melting of ice causes an accumulation of water, and add half a tablespoonful each of camphor, ammonia and salt; this keeps up the proper strength of the sedative water; and keep plenty of ice all the time in your bowl—there cannot be too much, nor the sedative water too cool. If, during the time, the perspiration should check, put other hot bottles to the feet, or a hot brick, wrapped up in cloth and wet with vinegar, so as to cause a steam; place this about the knees, and it never fails to produce the sweat. But having cleared the bowels at the commencement, there is no getting up, no airing of the patient as when oil or pills are given, but the patient goes right along perspiring until you *freeze* out the fever with these ice cloths; and having your patient free from fever, and his bowels relieved by the second injection, if he asks for it, commence next the

Feeding.

In about two hours after he has cooled off, give him a little rice water, chicken water, a half a cup of black tea; in three hours after this give him half a cup of good coffee, a quarter of an apple well baked, and a little toast with a small quantity of fresh butter on it. I prefer the coffee, but he can use tea if he prefers it, and after this feed often and with any light diet. When one of my patients is free of fever his stomach has not been injured by medicine; it acts and digests well, and he can eat most anything he likes, in small quantities.

In twelve hours after the fever has left, the patient must be sponged off; take bay rum or brandy and water strong enough for grog; make it rather hotter than milk warm; take a sponge and sponge his face and hands first; wipe dry; then sponge his legs, arms and body well, but do it under cover; wipe dry with a towel as you go on, and when done you can uncover and change his clothes so as not to fatigue nor tire him; put on clean, well dried clothes, and change the bed clothes; and this done, I consider my patient safe. Let him lie at his ease, out of cover.

And now the patient can use good porter as a drink, and lemonade with ice water; but he will not require much, as there is but little

thirst; be cautious not to let him see too many friends, nor talk too much. Let him sit up as he feels able, not so as to tire nor fatigue himself; he knows best. Keep to the room for about four days after the clothes are changed, and then go out evening and morning. Be careful to open the bowels once every 24 hours with an injection of cold water, until you become right. In a few days the patient is up and can go about his business.

With married ladies, who are in a condition to require tender treatment, never use the foot bath, as that, in a majority of cases, brings on an abortion. Instead of foot bath, take lime juice and brandy, half and half; make it as hot as she will bear it, and sponge from the knees down and over the feet for four or five minutes; then take dry mustard, and rub on with your hand, from the knees to and over the feet, as long as she will stand it, say from five to ten minutes; wipe off and put her to bed, cover with one sheet and one blanket, as before, and encourage the patient to lie as still as possible; keep hands and feet under cover, and the cover well on the legs, arms and body during the sweating process; this rule must be observed and attended to while the fever lasts, with all patients. Apply two bottles of hot water, one to each foot, and you will get up a gentle perspiration, all that is necessary; if the bottles don't produce it, try the hot brick wet with vinegar, as before directed, and proceed as in other cases, all through. I never failed yet, and I have cured many in this condition. Once again, give no medicine, and watch, and take every care not to sicken the stomach, especially ladies in the condition last mentioned. I hate oil—it should never be used. My patients never relapse; nor out of three hundred, at least, have I ever known one to have the disease the second time. I do not believe it possible.

THE TREATMENT OF SIX CASES OF RODENT ULCER, BY THE USE OF THE CAUSTIC POTASSA, AT THE JEFFERSON COLLEGE HOSPITAL.

BY W. G. MAC CONNELL, M.D.,

Surgical Clinical Assistant in the Jefferson College Hospital.

The disease is one of interest, on account of its frequency and the disfigurement it occasions, its favorite seat being the portion of the face around the eyes and nose, which, from a cosmetic standpoint, renders it at once conspicuous and mutilating.

It has been described as rodent ulcer, cancerous ulcer, ulcer of the face, skin cancer, cancroid ulcer, ulcus exedens, and the noli me tangere of the older writers. I am inclined to the belief, based upon my clinical observations, that it is one of the varieties of carcinoma, being, to all intent and purpose, epitheliomatous in its character. It is true that it differs essentially, in its mode of extension, from that of epithelioma, for rodent ulcers extend equally in all directions, while in epithelioma proper it extends downward, and in two ways, partly by transfer (by means of the lymphatics) of the cells to the glands in the cervical region, and partly by its more rapid growth on the sides nearest the central organs of circulation.

The disease differs clinically from the ordinary progress of cancer, by its slowness of growth, comparative amount of pain, hemorrhage, the absence of fungus, fetor, glandular involvement, and of any particular evidences of a cachexia. While I hold that the knife is the proper remedy for the ordinary form of epithelioma, yet there are cases of the epitheliomatous variety, such as I have denominated lupus to be, where, on account of the situation and surrounding structures, it is neither desirable nor proper to operate; the application of the remedy named comes into play.

My attention was first directed to the use of caustic potassa by Dr. F. F. Maury, who was at the time in charge of the clinics at the Jefferson College Hospital. He also requested that an ointment containing ungt. hydrarg. nit. ʒj to ℥j cosmoline be used after the sloughs occasioned by the caustic had been detached by the use of poultices. The results were as satisfactory as could be desired, as is attested by the report of the six cases below.

Case 1.—Julia Henesy, aged 42 years, white, married, born in Ireland, presented herself at the clinic May 30th, 1878. Was sent from Mahanoy City, Pa., to Dr. Maury. There was a characteristic, scooped-out ulcer, with indurated and everted edges, about one inch in length, half an inch wide, and a quarter of an inch in depth; situated just below the inner canthus and to the left side of the nose. Its floor was covered with a layer of aplastic lymph. She stated that it had existed for three years; it began as a little crack, or fissure, which had never shown any

disposition to heal. Her general health was good, barring a slight amount of pain in the ulcer. No history of syphilis. Dr. Maury proposed the use of the caustic potassa. I was incredulous as to the result, but having full confidence in his judgment I carried out the instructions given. A few days after the application the woman presented herself for examination. I called his attention to the case, and told him I thought the appearance of the ulcer worse than before the application of the caustic; he replied, "I am sorry, dress it with the ointment." I directed her to apply the ointment, and, as she was about to leave for her home, I requested her to report the result of her case. What was my surprise when, on July 1st, one month later, she presented herself with the ulcer entirely healed, with nothing to indicate its former site but a seemly and well-formed bluish cicatrix, which rapidly contracted in the course of a week, to such a size as to make the face quite presentable. No internal remedies were used.

Case 2.—John W. Goodwin, aged 62 years, white, married, gas employee, presented himself at the clinic with an ulcer on the ala of the nose. It was about the size of a nickel coin, which, he stated, began as a little pimple four years previously, gradually ulcerating and increasing to its present size. He complained of a slight amount of pain in the ulcer, lancinating in character. Health, otherwise, good. He denied any history of syphilis. Applied caustic potassa, and used ointment, and the ulcer was healed within four weeks' time. No internal remedy was used.

Case 3.—Bridget Nixon, aged 30 years, white, married, a nurse, presented herself at the clinic with an ulcer on the left cheek, about the size of a dime, of five years' duration; general health good; no history of syphilis; no attempt at healing in the ulcer. Was cured in three weeks, by an application of the caustic and the use of the ointment.

Case 4.—Mary Foyle, aged sixty years, white, married, from Pottsville, Pa., presented herself with an ulcer on the left cheek, about the size of the kernel of an almond, of five years' duration. There had been no attempt at healing. No history of syphilis. General health good. Cured in four weeks, by two applications of the caustic and use of ointment. No internal remedies.

Case 5.—Hannah Doyle, aged seventy-five years, white, married, presented herself with an ulcer on the left cheek, half an inch in length and a quarter of an inch in width, of six years' duration, which had never shown any tendency to heal. Complained of slight pricking pain in ulcer. No history of syphilis. Cured in three weeks, by one application of the caustic, and after use of the ointment. As the woman was somewhat anæmic and run down, gave her, internally, tr. ferri chlor. and Fowler's solution, in proportion of twenty drops of the first to 10 of the latter, thrice daily.

Case 6.—Joseph Zeiss, aged forty-eight years, white, married, presented himself with a serpiginous looking ulcer on the side of the nose and upper eyelid, of ten months' duration, which was the seat of a lancinating pain. It had shown no disposition or tendency to heal. No history of syphilis. Cured in twenty-four days, by one application of the caustic and after use of the ointment. No internal remedies.

I would like to call attention to the fact that all of the ulcers (except the one on the nose) were situated on the left side of the face. I trust the profession will give this treatment a fair trial and report the result.

CASE OF CYST ON VOCAL CORD—REMOVED WITH FORCEPS.

BY J. SOLIS COHEN, M.D.,
Lecturer on Laryngoscopy and Diseases of the Throat and Chest, in Jefferson Medical College; Physician to the Jefferson Medical College Hospital, and to the German Hospital, of Philada.

The rarity of the lesion noted in this communication justifies its being placed on record.

Feb. 19th, 1876, Mrs. ——, of Philadelphia, visited me, at the request of the late Prof. F. Gurney Smith, in reference to the cause of a persistent hoarseness. She had caught cold during a mountain excursion, three summers previously, and had been hoarse ever since. Two winters had been spent in Florida, with improvement in the general health, but without improvement of voice.

On making a laryngoscopic inspection I noticed a small, translucent, globular growth, the size of a berry-seed, attached, by a slight pedicle, to the superior edge of the right vocal cord, a little anterior to its middle. (See illustration.)

The growth was blown on top of the cord at each expiration, and

of course, in phonation likewise. The interior of the larynx appeared otherwise normal, and I was unable to detect any evidence of disease elsewhere.

The diagnosis of a small cyst of the vocal cord having been meanwhile independently confirmed by Prof. Smith, he sent his patient to me again on Feb. 24th, 1876, for treatment, and I removed the growth at once, using a pair of Mackenzie's laryngeal forceps, with slender blades, opening antero-posteriorly. The cyst burst in the grasp of the forceps, leaving between the teeth of one of the blades a small shred of delicate, transparent tissue. A little spasm of cough followed the operation, and the voice was good immediately afterward. On the following day a mere hemorrhagic spot marked the point of implantation of the pedicle of the cyst.

I have not seen the patient since; but a few months ago, more than two years after the removal of the cyst, on questioning Prof. Smith as to the condition of his patient's voice, he told me that she had had no further trouble.

Medical Societies.

AMERICAN DERMATOLOGICAL ASSOCIATION.

The second annual meeting of the American Dermatological Association was held in Saratoga on the 27th, 28th, and 29th of August.

On the first day the morning session was formally opened by the president, Professor James C. White, of Boston, who, in a short introductory address, congratulated his fellow-members of the association on the good work done in dermatology during the past year. A list of the various papers, etc., published by members of the association and others in this country during the twelvemonth which had elapsed since the last meeting, would be found appended to the printed report of the Proceedings of the Association. This list included many papers of a solid and lasting character, comprising atlases, essays on individual diseases or classes of disease, the results of histological and pathological investigation, reports of cases, etc. The influence of the association was nowhere more favorably seen than in the evident improvement everywhere observed in methods of teaching. Obsolete terms had disappeared in many instances, and the system of classification and nomenclature generally employed by the members of the association was that nearly everywhere in common use. But much remained to be done toward procuring agreement upon some uniform method of classification and nomenclature. The committee upon statistics, which had agreed to employ, for the time, Hebra's classification, had received many reports containing notes of diseases which seemed to the reporters difficult to classify under any of the heads given. It was with a view to remedying, so far as might be, this condition of things, that the committee on nomenclature and classification had been appointed. This committee had already begun their labors, and hoped to be able to report a system which would meet with the general approval, and, so far as might be, the support, of members of the association. Since its last annual meeting the association had lost one of its members, Dr. Silas Durkee, of Boston. In conclusion, the president welcomed the members to their labors, and announced the meeting formally opened for the reception of papers.

Dr. Atkinson read his paper "On the Pigmentary Syphiloderm." The writer referred to Hardy as having first introduced this affection to notice. Fournier, however, had given the most thorough description of it. The affection most usually showed itself during the fourth month of the evolution of syphilis. It was most frequent among women. Its localization was almost invariably upon the neck, and it showed itself in the form of a number of maculæ or marblings, of a more or less dark bistre tint, without regular form, touching and running into each other, arranged in such a way as to present the appearance of a large-meshed net-work. Several illustrative cases were here described by Dr. Atkinson, which had come under his own personal observation. Many writers denied the existence of the pigmentary syphiloderm, asserting the cases described as such to be merely pigmentation occurring after transitory roseola, etc. The differential diagnosis between the pigmentary syphiloderm and the affections which might be confounded with it was made as follows: chloasma was darker and more uniform in color; it showed no network. The staining which followed roseola was always preceded by hyperæmia. From tinea versicolor, of course, the diagnosis was easy.

In the discussion which followed the reading of this paper, Dr. Heitzman expressed his conviction that the pigmentary deposit in what was known as the pigmentary syphiloderm merely followed and was the result of previous roseola. He did not think the affection merited a special name. Dr. Duhring recounted a case similar to those brought forward by Dr. Atkinson, as did also Dr. Sherwell. Dr. Fox, while admitting the existence of the pigmentary syphiloderm, thought it dependent upon syphilis only as tinea versicolor was; that is, as a result of the cachexia induced by the disease, not as strictly syphilitic. He thought that the discussion of the affection should be confined to those cases resembling vitiligo, cases in which the question was of abnormal distribution of melanine. He thought that the condition found in vitiligo, that of round or oval spots, of a pigmentary patch surrounded by deeper pigment, was the

condition found in the pigmentary syphiloderm. Dr. Taylor said the subject of the pigmentary syphiloderm had occupied his attention for years. He had examined many cases, and had observed both the white patches spoken of by Dr. Fox and also the appearances described by Dr. Atkinson. The pigmentary syphiloderm occurred when the macular syphiloderm (roseola) was not found. He thought it more apt to occur in persons liable to pigmentary deposits, and considered it frequently found in men as in women. The president remarked, in closing the discussion, that he thought the burden of proof lay with those who maintained the existence of a separate and distinct melanoderma occurring in syphilis, and to be distinguished from chloasma and from the melanoderma of syphilitic cachexia.

Dr. Duhring then read a paper entitled, "A Case of the so-called Xeroderma of Hebra." Discussion on this paper was postponed until Dr. Taylor's paper, on the same subject, should be read.

Dr. Fox read a paper "On the Proper Use of the Term Acne." The discussion on this paper showed decidedly varied views as to the nature and characteristics of the affection usually known under this name. Dr. Foster's paper entitled "A Case of Scleroderma," was then read by the secretary.

At the afternoon session Dr. Heitzman delivered a lecture on "Epithelium and its Performances," a masterly exposition of the subject, developing the histology of the epithelial cell, and touching upon its various relations with the other tissues of the body. This exposition was entirely without notes, and was illustrated by numerous drawings, sketched impromptu as the speaker touched upon the various points to be elucidated.

The report of the Committee on Statistics was presented in abstract, by the president. The figures covered cases reported from different sections of the country, including, however, only the larger cities, and extending over various periods of time, terminating on the first of July of the current year. The total number of cases reported amounted to 16,868, none of which had been included in the statistical report read by Dr. White at the International Congress of 1876, or in other statistics. Including former reports, 30,000 American cases were now on record. The comple report of the committee would appear at a later date. The president referred to the value of such statistics, as showing the comparative prevalence of different diseases of the skin in various parts of the country. It was hoped that these statistics might cover, in each succeeding year, a wider area, and become more and more valuable.

At the morning session of the second day Dr. Duhring read a paper entitled "Case of Inflammatory Fungoid Neoplasm," being a record of an extremely rare form of disease, illustrated by microscopic sections, photographs, and a portrait, the patient also having been brought for the inspection of the association.

The Secretary read a paper by Dr. Hardaway, entitled "The Treatment of Hirsuties." The usual method of removing superfluous hairs, namely, by depilation, and the use of depilatory powders, said the writer, failed, because the root of the hair, the papillæ, was not reached. Some years ago Dr. Michele, of St. Louis, an ophthalmologist, proposed the treatment about to be described, for the removal of the so-called "wild" hairs sometimes found growing irregularly on the inner border of the eyelids. It consisted in destroying the papillæ by electrolysis. For this purpose, a battery of eight to twenty cells was required, also a needle in a pen-handle holder connected with the battery. The needle was attached to the negative pole, while a moist sponge was connected as electrode with the positive pole. By the aid of a lens, of about one inch focal distance, the needle was inserted into the hair follicle, the other pole of the battery being placed in contact with the skin in the neighborhood. The circuit being completed, the needle was retained in position until a sort of whitish froth was seen to issue from the mouth of the follicle. It was then withdrawn, and the hair could usually be removed without difficulty by the aid of depilating forceps. Should it fail to come away easily, force should not be used, but the cautery should again be applied. As to the period during which the needle should be kept in position, this would depend upon the strength of the battery used. With twenty elements a second or two sufficed. The operation could be repeated on a number of hairs at each sitting, until the pain became too severe to be endured, for each cauterization caused a little pain, and the more if a large number of cells were employed. In one case one hundred and sixty hairs were removed at a single sitting, within thirty minutes. As to the needle employed, a No. 13 cambric needle would be found most convenient. Recently another method of removing superflous hairs had been suggested by Dr. Michele as advisable, where electrolysis was not attainable. A few drops of the following solution—

℞.	Zinci chloridi,	ʒij
	Aquæ,	ʒiij,

were placed in a watch glass and then drawn into a hypodermic syringe, the fine needle of which was inserted into the follicle. As soon as the fluid had been injected the needle was withdrawn and the surface quickly wiped with a soft rag, to remove all excess of the caustic fluid. This plan could be confidently recommended when electrolysis was not attainable.

In the course of the discussion elicited by the reading of Dr. Hardaway's paper, Dr. Piffard questioned the possibility of introducing a needle into a hair follicle while the hair itself was still in place. In his experience with the use of electrolysis in the treatment of hairy nævi, where the hairs were large, a lens magnifying fifteen diameters would show the opening of the follicle after the hair had been removed,

and a needle might then be readily introduced. He had employed a wire of irido-platinum, which could be drawn to extreme fineness and was yet quite stiff. The needle should be connected with the negative pole; if it was attached to the positive it would rust and would cause a scar about the follicle. It was not necessary that the needle should penetrate to the bottom of the follicle. If it got into it so that it was destroyed, that would be sufficient. The best battery for use in these cases was Hill's, a modification of Daniell's. Eight to ten cells were enough. A current of low intensity and power was best, and then the operation might take two minutes. It was not necessary to wait for the promised froth, a white line showed that the operation was completed.

Dr. Fox thought the statement that only slight pain was produced hardly correct. When only one or two hairs were removed perhaps but little pain might be caused, but when the depilatory process was at all extensive, it was very painful. A fine wire, with a four to six cell battery, seemed to hurt less than a needle. He (Dr. Fox) preferred, with Dr. Piffard, to extract the hair before operating.

Dr. Taylor said he had used Dr. Piffard's irido-platinum needle for three or four years, with good success. He thought the operation a painful one.

The president asked Dr. Fox how many hairs he could operate upon at a single sitting.

Dr. Fox said the patient could stand it longer than he could. He found his eyes giving out by the end of half an hour, as it was a great strain to keep them fixed upon such minute points. He could extract, perhaps, 30 hairs at each sitting.

The president inquired, further, how favorable the final result was likely to be.

Dr. Fox replied that the statistics should cover a considerable period, so as to guard against relapses.

The chairman asked if any of those present could assert that 50 per cent of the hairs could be finally extirpated.

Dr. Piffard, in reply, said he thought three quarters of the hairs could be removed the first time, and the remainder the second. Everything depended on destroying the papilla.

Dr. Taylor said that in his earlier attempts he failed in about one half of his cases. Recently he had been more successful.

Dr. Heitzman said that in cases of hirsuties coming under his care, he had been accustomed to employing simply a nickel-plated pin dipped in fuming nitric acid, for the purpose of destroying the papilla. At first he had been surprised at the result. 50 per cent. of his cases appeared to be cured. But further experience showed that the hairs returned again in the course of two or three months. He had not employed electrolysis.

Dr. Taylor said he hardly thought that fluid upon such an instrument as a pin could be brought in contact with the papilla; the fluid would all be rubbed off in the very process of inserting the pin.

Dr. Duhring said he had used a glover's needle to destroy the papilla mechanically, with fair result. He thought that only the larger hairs could be destroyed.

At the afternoon session Dr. Piffard read a paper entitled, "A Case of Gangrænopsis." He had had under his care, recently, at the hospital, an infant who suffered from syphilitic disease. One day, in making his visit through the wards, his attention was called to the fact that this child displayed a small gangrenous patch near the left ala nasi. This began as a nodule, and within twenty-four hours it had broken down. It spread rapidly over the face, and the child died. In the way of treatment a hypodermic injection of quinine was administered, but the puncture itself became a new centre of disease. Post-mortem examination showed black, dry gangrene of the tissues of the face, extending over both sides and involving the bones of the left side, which were necrosed. There was also partial pneumonia, with some gangrene of one lung. The blood was cherry-juice-like. In conclusion Dr. Piffard said he believed the case allied, in its etiology, either to malignant pustule or mercurial poisoning (the child had been taking mercury in moderate doses). Dr. Heitzman objected to the title given the affection by Dr. Piffard. He considered the case one of noma. Dr. Duhring thought mercurial poisoning could hardly have given rise to such rapid and grave disorganization. It was contrary to the known action of the drug. He had seen similar cases in Vienna, some years ago, when the etiology was not known. They were called noma.

Dr. Sherwell read a paper on "The Use of Linseed and Oil as Therapeutic Agents in Diseases of the Skin." The writer referred to the difficulties often found in the administration of ol. morrhuæ, and the desirability of finding a convenient substitute for this medicine. His attention had been drawn to linseed, through observing its use for fattening cattle, and he had recently used it in the class of cases where cod-liver oil was usually found of benefit. When prescribing the ground linseed, he usually ordered it to be taken into the mouth in small quantities, chewed and swallowed; a teacupful could be consumed in this way within twenty-four hours. For women it might be administered in milk. The linseed might be given made up with bran bread, which will contain a large proportion without becoming unpalatable.

On Thursday Dr. Taylor read a paper entitled "A Further Contribution to the Study of the Xeroderma of Hebra." Alluding to the cases described in his paper on the same subject, read before the association last year (not yet published), Dr. Taylor said he had continued to study the disease, and had obtained a number of facts relative to its nature and course, which would, he believed, throw some light on the character of the affection. These facts, relating

to the anatomy, etc. of the lesions, were then given in detail.

Dr. Van Harlingen read a paper entitled "A Case of Ulcerative Scrofuloderm."

The report of the Committee on Nomenclature and Classification was then read. This committee had worked very hard to frame a plan which would meet, as nearly as possible, the views of all the members, and the scheme which had been adopted by them was submitted to the Association.* After some discussion, the following motion, presented on behalf of the committee, was read and adopted by the Association:—

"*Resolved*, That this system of classification and nomenclature be adopted as the official code of our Association, which we, as members, agree to conform to, which shall be altered as occasion may require, by the Association, only after consideration by this Standing Committee on Classification and Nomenclature."

The proceedings of the session were terminated by the retirement of old and induction of newly-elected officers. The latter are as follows:—*President*—Prof. Louis A. Duhring, of Philadelphia. *Vice-Presidents*—Dr. S. Sherwell, of Brooklyn, and Dr. J. Nevins Hyde, of Chicago. *Secretary*—Dr. Robert W. Taylor, of New York. *Treasurer*—Dr. J. E. Atkinson, of Baltimore.

The retiring President, in a few appropriate remarks, yielded the chair to his successor, who, he said, needed no introduction, since he was known wherever American dermatology was known.

Dr. Duhring, in taking the chair, thanked the Association for the honor it had conferred upon him, and said it should be his aim to bring about the hearty coöperation of all those interested in dermatology. He trusted that the meeting of 1879 would bring out even more good and scientific work than those past, and that it would strengthen the ties of friendship already formed among the members. The meeting was then declared adjourned, to assemble again in New York, September, 1879. A. V. H.

INTERNATIONAL CONGRESS OF HYGIENE.

This congress was convened August 1st, in Paris, M. Bouchardat, president. M. Gubler delivered the opening oration, in which, after having thanked the foreign members and visitors for their presence, and paid a just tribute of respect to the memory of the late M. Laussedat, Vice-president of the Congress, he gave an account of the conquests of sanitary science in the prophylaxis of disease, and laid special stress on the purely social aspects of sanitary science. To consolidate the present state of things, and prepare the way for future improvements, is the part which seemed to the orator to be assigned to the meetings of this Congress. Dr. Liouville, the general Secretary, announced that 1018 persons had given in their adhesion to the Congress, of whom upward of 500 are not natives of France.

Professor Crocq, Senator of Brussels, expressed his satisfaction on seeing the example set by his own country two years since followed by the Paris Organizing Committee, and drew a brilliant comparison between the miseries of war and the benefits yielded by sanitary science. Dr. Lory Marsh, General Secretary of the Sanitary Institute of Great Britain, presented, in the name of the Duke of Northumberland, President of the Institute, thanks and congratulations to the officials and members of the Congress. Professor Pacchiotti, delegate from the Municipality of Turin, described all the sanitary advantages of that city. He also expressed a strong hope that this Sanitary Congress would make a new era in the development of sanitary science, and unite in one league all existing societies for the development of sanitary science. The remainder of the meeting was occupied by formal business. Of the various papers read we subjoin abstracts of the more generally interesting.

Ventilation of Public Buildings.

Mr. Balbirnie read a paper on Improvements in the Ventilation of Schools, Barracks, and Hospitals. He proposed for this purpose a system of central ventilation, so arranged as to warm and ventilate a series of groups of rooms or dwellings, without the necessity of placing the inlets and outlets outside the buildings. M. Bouvet offered various objections to this system. He laid special stress on the point that in the plan proposed the channels intended for the supply of fresh air are placed laterally in the wall, and half-way between the two ends, and as foul air has a tendency to accumulate, especially in angles, it is in those localities that it is essential to obtain renewal of the air.

Mortality of Medical Men.

M. Marmisse read a paper on the Mortality of the Medical Profession, which tended to show that the average of life is short among medical men. M. Layet said that this average is even lower under certain conditions, for instance among naval surgeons.

Immunity of Copper Workers from Cholera.

M. Burq spoke of the immunity from cholera enjoyed by coppersmiths. His researches had extended over twenty-five years, and his convictions on the subject had remained unaltered. Wherever the subject had been carefully investigated, it had been found that, in epidemics of cholera, workers in copper were singularly exempt from the disease. M. Géraud asked how, if the truth of this empirical exemption were proved, could it be practically applied to the

* The importance of this system of classification will be understood when it is remembered that most of the members of the Association are teachers in the different schools of the country. We regret that want of space prevents its insertion in full, but it will doubtless appear in due time. It may be stated, however, that the classification is that of Hebra, with some modifications.

prophylaxis of cholera. M. Layet, without absolutely denying the truth of M. Burq's theory, affirmed that he had not been able to discover convincing proofs of the asserted immunity, and was also desirous of knowing what would be the practical method of applying M. Burq's discovery. M. Burq replied that he had tried the effects of copper on himself, by taking 25 *centigrammes* (3½ grains) of sulphur of copper *per diem*, at a time when cholera raged in the south of France. The point was to become impregnated with the copper; to have a certain quantity of it in the system, in order to obtain immunity from cholera. M. Burq explained the immunity enjoyed by the town of Aubagne, between Toulon and Marseilles, through every cholera epidemic, from the fact that the large quantity of copper employed in the potteries surrounding the city produced, as it were, a rampart of copper-laden dust.

Pollution of Rivers.

The question of the pollution of rivers was discussed, with reference to the irrigation of Gennevilliers by sewage, the consequent pollution of the Seine, and the danger to the health of the inhabitants of Gennevilliers. Dr. Günther, of Dresden related the results of an inquiry held last year in Saxony on the causes of river pollution. In no case was any connection established between these pollutions and the development of epidemic disease, as cholera, typhoid fever, dysentery, etc.; such, at least, was the experience in Saxony. M. Gubler said that certain reservations must be made in relation to the transmission of diseases by fecal matters, and added that the danger diminishes in the same ratio as the matter is further removed, and the sewage water is spread over a larger area. In fact, the noxious organic matters are destroyed by the oxygen of the air; facts likewise show that disease is by no means more common in Gennevilliers than in other more distant communes. M. Crocq, of Brussels, spoke in favor of the principle of sewage irrigation. He said that, in consequence of works carried out at Brussels, sewage water had been returned to the river at a certain distance, with a consequent improvement in the healthiness of the city, but the districts into which the sewage water discharged were exposed to the diseases which prevailed in Brussels, so that the danger was only removed further off without being destroyed.

A Ministry of Public Health.

Mr. Edwin Chadwick read a paper on the Functions of a Minister of Public Health. He urged that the magnitude of the preventable evils to be dealt with for the protection of the health of populations required the organization of a distinct central department of the public health, presided over by a minister of State, of coördinate position with other ministers, members of the supreme government; that such ministers should be endowed with supervisory and consultative functions, as president of a central board, composed of specialists of independent responsibility, for the exercise of executive attributions for the protection of the public health; that, in connection with such central authority, local representative bodies should be appointed, with supervisory and consultative functions over local officers of health, with securities for special aptitudes, giving their whole time to the responsible performance of their duties under general rules and orders laid down by the central authority, with the sanction of the legislature. He expressed his conviction that, whenever disconnected and weak local administrations were remedied by a completely organized administration, such an improvement would be effected in the health, strength, and well being of populations as no age had ever witnessed or imagined. The discussion which followed was favorable to the conclusions he advocated.

The Abuse of Tobacco.

M. Goyard read a communication on the Influence of Tobacco on Physical Development, and went into some very interesting details on its influence on pregnancy, nursing, the reproductive organs and the brain. A discussion ensued, in which MM. Riant, Delaunay, Roth, Landowsky, Strohm and Giraud-Landolt took part, and brought forward facts which tended to show that the abuse of tobacco is to be condemned, more especially in youth, but that certain idiosyncrasies, nevertheless, remain uninfluenced by its injurious effects.

Prevention of Rabies.

M. Nocard, in a communication on the prophylaxis of rabies, stated his opinion that the only efficacious method was to kill all dogs which had been bitten. MM. Belval, Decroix and Wehenkell insisted on the necessity of a well-constructed muzzle. M. Polychronie, in opposition to M. Nocard, believed in the possibility of spontaneous rabies.

Scurvy.

M. Beauvais showed the relations of diet and of the cellular system with scurvy, the originating cause of this disease, according to his opinion, being a depraved constitution, of which the nature is unknown, and which finds a developing element in bad sanitary conditions. M. Manouvriez said that he had always seen scurvy in prisons result from bad sanitary conditions, and especially from overcrowding. M. Fauvel said that bad diet was a necessary exciting cause.

The Flesh of Diseased Animals.

M. Decroix enlarged on the theory that animals which have died of glanders, farcy, and even of rabies, may, if necessary, be eaten without evil consequences. He had made the experiment on himself, by eating the uncooked flesh of animals affected by these diseases; therefore, *à fortiori*, the same flesh might be eaten when cooked. The same held good of fowls during

an epizoötic epidemic. M. Bouley combated these doctrines in the strongest possible manner, and declared that it was an unheard-of theory, in a civilized age, to recommend the consumption for food of glandered and anthracoid animals, of which, in the first place, the manipulation is dangerous. M. Decroix replied that he only recommended the use of such food when it was a matter of absolute necessity. Such flesh ought to be cooked, and should only be exposed for sale in times of great scarcity. M. Kuborn said that cattle-plague required extraordinary protective measures. He recommended incineration of the carcasses, and cited some experiments of the kind recently made at Liège. M. Delaunay said that the report on butcher's meat, under discussion, seemed to place value on fat meat, which he asserted to be really unhealthy meat. The chemical analysis made by M. Demaine on different parts of meat upset accepted opinions, since they placed the alimentary value of the bullock's heart above that of the undercut of the sirloin. The report did not touch on the nutritive value of broth, which was demonstrated to be really none whatever; medical practitioners, therefore, did wrong in recommending it to their patients as a restorative.

Artificial Coloring of Food.

M. Gariel showed a case so arranged as to prevent the introduction of lead into food. M. Gautier remarked that every method of hermetically sealing hitherto practiced has been of an imperfect description. M. Finkelburg said that the artificial coloring of wines is always an imperfect practice, and so, also, is the addition of sugar. He considered the use of sulphate of copper, to tint the vegetables green, to be a dangerous practice. In Germany as much as three décigrammes of copper have been found in a tin. He asked for the total prohibition of the use of this substance. M. Gautier laid down the distinction between wines treated by the addition of matters already found in natural wines and sophisticated wines. M. Galippe contested the poisonous nature of salts of copper, and even attributed to them tonic properties, adding that it would be difficult to find an equally certain and innocent method of imparting a green tint. He bases his opinions on facts and on prolonged personal experimentation. M. Gubler said that copper is a poison when it is introduced in sufficient quantity to disturb the digestive organs, and is not of the nature of those poisons which remain in the system, and induce sudden and formidable symptoms, like arsenic, lead, etc. Workmen who, from their avocation, become saturated with copper, feel no bad results from it. M. Burq affirmed that there is no such thing as colic from copper, which is a myth that ought to be destroyed. M. Finkelburg said that the question is to know if the introduction of copper into the organism, in apparently insignificant doses, is not prejudicial by repetition. M. Galippe said, in reply, that the prolonged ingestion of salts of copper is not prejudicial; facts to the contrary are abundant, both clinical facts and laboratory experiments. There were no instances of poisoning owing to eating green peas colored by copper, the cases attributed to this cause being due to indigestion. M. Burq said that no case of death by copper poisoning is registered at the prefecture of police, where all similar cases are registered. M. Gautier said that the only condition necessary is that copper should not be used in large doses. It is a poison, it is true, but not in doses of eighteen milligrammes. Several articles of diet, as chocolate and wheat, contain, naturally, a proportion of copper larger than that tolerated in the coloring of preserved vegetables and fruits.

Editorial Department.

Periscope.

The Treatment of Acne.

Mr. James Startin, M.R.C.S., Surgeon to St. John's Hospital for Diseases of the Skin, writes to the *British Medical Journal*—

Authors and writers, from the earliest ages up to the present day, seem to have considered the successful treatment of acne, particularly that form known as acne rosacea, to be of some considerable difficulty. I have been much rewarded lately, in hospital and private practice, with some very good results by the carrying out of the following mode of treatment:—

In the first place, vegetable acids, mineral waters, purgatives, arsenical preparations, and other specifics, are not indicated in this eruption of the skin, nor have I ever found them of much avail. The diet should be carefully regulated, all indigestible food avoided; and little or no stimulant should be allowed, except in those cases where the powers of digestion should require slight excitation to perform their proper function; and the discriminate use of chalybeates, combined with mineral acids, vegetable bitters, and tincture of iodine, I consider to be the most useful internal remedies. These are considerably augmented by the sulphur-vapor douche or vapor bath.

But it is the external treatment that is most important, and it is to this that I wish to draw more particular attention. If, at the onset of

the affection, the sebaceous glands and follicles become overloaded, they should be relieved by pressure between the finger and thumb nail, and by frequent washings with warm water and oatmeal; after which a good rubbing with a flesh brush will remove the contents of a number of the pimples; and, if the disease be more advanced, and the indurated spots become enlarged and painful, the vapor-douche is then of much service, followed by an ointment of the ammonio-chloride of mercury and camphor, or the gentle application of iodide of sulphur ointment at bedtime, and the use of a cooling zinc or calamine lotion, to be painted upon the face with a camel-hair brush two or three times a day. With the judicious use of the above remedies and applications, I may probably nearly remove and cure the disease; but troublesome redness, with often great vascularity, still remains in spite of treatment, and it is to this stage of the affection my remarks tend. To those small indurations and superficial venous enlargements and plexuses, I generally apply the acid nitrate of mercury with care, by means of a spun-glass brush. One or two applications, with the immediate use of bibulous or blotting paper afterward, will usually suffice to effect complete obliteration without a scar; and I find, after a few days, the morbid states of the capillaries have undergone a complete change for the better. Nevertheless, we may still have some of the larger capillaries, which keep up the localized redness and induration, to contend against; then the mercurial acid treatment does not hold good. I therefore divide each engorged vesicle with the point of the lancet; and, should the hemorrhage be much, I apply a small ring of silver or steel, which I have fixed into a handle at right angles, and about the eighth of an inch in diameter, over the two divided ends of the vessel. I then insert a minute grain of nitrate of silver, which at once stops the bleeding and obliterates the engorged conspicuous vesicle, leaving only a small, black discolored spot, which may be easily removed by the application of a solution of iodide of potassium.

The above treatment may appear somewhat heroic for so common an eruption. I can only state that I have made use of it in a large number of cases, and find it to be the most successful mode of cure.

Recent Views on Development.

Mr. F. M. Balfour, M.A., in the *Quarterly Journal of Microscopical Science*, gives an account of the most recent views on the phenomena accompanying the maturation and impregnation of the ovum. The following summary shows the series of events in the order of occurrence:—

1. Transportation of germinal vesicle to surface of egg.
2. Absorption of membrane of germinal vesicle and metamorphosis of germinal spot.
3. Assumption of a spindle character (or form) by remains of germinal vesicle, and largely from germinal spot.
4. Entrance of one end of spindle into a protoplasmic prominence at surface of egg.
5. Division of the spindle into two halves, one remaining in the egg, the other in the prominence. The prominence at the same time nearly constricted off from the egg as a polar cell.
6. Formation of a second polar cell in the same manner as first, part of the spindle still remaining in the egg.
7. Conversion of the part of the spindle remaining in the egg into a nucleus—the female pronucleus.
8. Transportation of the female pronucleus toward the centre of the egg.
9. Entrance of one spermatozoon into the egg.
10. Conversion of the head of the spermatozoon into a nucleus—the male pronucleus.
11. Appearance of radial striæ round the male pronucleus, which gradually travels toward female pronucleus.
12. Fusion of male and female pronuclei to form the first segmentation nucleus.

The contents of the germinal vesicle at maturity and before impregnation are, for the most part, fluid, but may be granular. Their most characteristic component is, however, a protoplasmic network, which stretches from the germinal spot to the investing membrane.

Treatment of Internal Bleeding Piles.

Dr. Q. C. Smith, of Cloverdale, Cal., writes to the Nashville *Journal of Medicine and Surgery*:—

Without stopping to mention, or comment upon, any of the various plans of treatment of internal bleeding piles, as laid down in standard works, or suggested in periodical medical literature, we will at once proceed to briefly outline a plan of treatment that we have originated, and successfully applied in four cases. Of course, such constitutional treatment as may be indicated in each case is duly attended to.

We prefer spiced castor oil, to keep the bowels in a soluble condition. Our local treatment consists in large rectal injections of tar soap suds, hot as can be borne; and after the bowel has been thus thoroughly cleansed and constringed the soap suds is allowed to pass off. And soon after a solution of sulphate of zinc or carbolic acid, strong enough to produce slight smarting, and hot as can be borne, is slowly injected into the rectum, in such quantity as can be conveniently retained, and retained one hour, if possible, the patient, for the time, remaining quietly in the recumbent posture. This process is repeated once or twice a day, as the circumstances of the patient may allow or the severity of the case demand. There are probably other astringents that may be as good, or better, than those named, but they are the only ones we have used. We would suggest sulpho-carbolate of zinc as one that would probably be one of the best.

On Sporadic Yellow Fever.

Dr. Robert Lawson, Inspector General of Hospitals in the British service, inquires, as to the sporadic cases of yellow fever, are they to be referred to the so-called malarious yellow fever, or do they differ from the true yellow fever? Here it is to be observed that ordinary remittents and intermittents, as well as continued forms of fever, may present yellowness during their course, and at certain times this complication is not uncommon, but black vomit is not met with in such cases, nor that particular combination of urinary symptoms already described; when the latter do occur black vomit is always impending, and frequently the first indications of it are met with in the form of brown patches, resembling small pinches of snuff or coffee, floating in a clear mucus, though it may not be developed further, and the case is really one of yellow fever. Sporadic cases of fever presenting all these symptoms are common, but I have never seen or heard of one in which black vomit, or some of the analogous discharges, made its appearance, in which the urinary symptoms were not found when the requisite examination for them was made. It is no uncommon thing to see patients laboring under pure remittent fever, and yellow fever, it may be in the remittent form, in the same ward at the same time, each disease pursuing its own course, the former showing no trace of implication of the urinary organs or black vomit, the latter displaying both in the most unequivocal manner. The only conclusion these facts will support is that the sporadic cases are true yellow fever, as most of those whose experience of them has been extended have long considered, and that the so-called malarious yellow fever has no existence.

Fracture of the Patella Treated with the Tourniquet.

Dr. R. B. Root writes to the Boston *Medical and Surgical Journal*—

I have lately treated a case of fracture of the patella in an old man seventy-seven years of age, and I found that however nicely I might place the adhesive straps around the knee they would get loose in a day or two, necessitating their reapplication. And besides becoming loose they caused blisters to form the whole distance across the knee. Just here I happened to think of my tourniquet, and I found myself master of the situation, for by placing the screw on the outer side of the leg next to the splint and making a "figure-eight" turn I had the fracture under perfect control. I could now adjust my pressure as the case required, and as the acute synovitis subsided a single turn or two of the screw brought all the pressure desirable. With the use of the tourniquet I see no necessity for the long adhesive straps applied above and below the knee longitudinally, as it is simply necessary to sew the buckle to the strap of the tourniquet above the fracture, and the strip of cloth that goes through the buckle can just as well be sewed to the strap of the tourniquet below the fracture. I think any one trying this modification of Dr. Galloupe's apparatus will be surprised to find how much the tourniquet simplifies and makes easy what has heretofore been a difficult fracture to treat.

The Antiseptic Treatment of Diphtheria.

At the close of a report of seventeen cases of diphtheria, with three deaths, treated by sodium sulpho-carbolate, Dr. Henry P. Wenzel, sets forth, in the *Virginia Medical Monthly*, the following:—

Conclusion.—1st. Diphtheria may be generated by filth, *plus* a substance in the atmosphere at present unknown.

2d. Diphtheria is infectious and contagious under certain conditions, and may be transferred indefinitely for indefinite but limited time.

3d. Filth increases the malignancy of diphtheria.

4th. Diphtheria is *not identical* with croup; but croupous symptoms may present themselves at any time. No case is absolutely safe from sequelæ; especially paralysis and lesions of the kidneys. Malignant cases may succumb before a membrane is developed in the throat.

5th. Isolation and cleanliness mitigate its virulence.

6th. Large doses of quinia and alcoholic stimulants are indicated and necessary in severe cases, to prevent collapse.

7th. Sulpho-carbolate of soda is a valuable remedy in diphtheria. The drug probably destroys the microscopic ferments in the blood.

8th. Tracheotomy should be performed early; the great death-rate is due to the long delays, and not to the operation. If it does not save life, it relieves the patient.

9th. Local applications are useless. Diphtheria is a contagious constitutional disease, presenting general and local symptoms. Our patients and their friends desire us to do something; we make local applications to the throat to satisfy their whims, not to cure the patient.

He usually administered ten grains of sulpho-carbolate every two hours.

Treatment of Puerperal Convulsions.

In a discussion of the Dublin Obstetrical Society recently, Dr. Denham remarked on this subject—

We should never lose sight of the varied causes that may induce puerperal convulsions. In the case, for example, of a young plethoric woman with rapid pulse, flushed face, constipated bowels, and a variety of other symptoms, it is quite clear that the treatment should not begin with chloral. Other principles which have been laid down for the treatment of puerperal convulsions should first be brought into operation; and I do not hesitate to say that, if a case such as I have just described were to come under my care, I would take a good dash

of blood from the patient's arm in the first instance, and also take care that her bowels were fully and freely purged; and after those two points should have been gained, I believe that the way would be paved either for an anæsthetic such as has been spoken of, or for the administration of chloroform. I believe that, in the case of a woman suffering from puerperal convulsions, injected chloral would act more rapidly than chloral given by the mouth. I remember carrying out a series of experiments in the Rotunda Hospital with chloroform, at a time when chloral was not known, and the effect of it was to diminish the number and severity of the fits; at the same time I have seen the convulsions come on while the woman was actually under the influence of chloroform.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——In his position of Chairman of the Committee on the State Board of Health, Dr. Thad. M. Stevens, of Indianapolis, addressed a series of twenty-four questions on public hygiene, to a number of prominent physicians of the State. Their answers, consolidated into a brief report of nine pages, have been separately reprinted from the Transactions of the Indiana State Medical Society. It illustrates how large is the amount of preventable disease there and everywhere else in the land.

——The Etiology and Prophylaxis of Blindness is the subject of a forty-three-page pamphlet, reprinted from the *Archives of Ophthalmology*, by Dr. Max Landesberg, of this city. It is based on a material of 8767 eye patients who came under the author's observation in Germany, and contains a mass of carefully sifted statistical information.

——Dr. Thomas R. Brown, Professor of Clinical Surgery in the College of Physicians and Surgeons, Baltimore, in a reprint from the Transactions of the Medical and Chirurgical Faculty of Maryland, advocates internal urethrotomy as the safest and most intelligent way of relieving urethral stricture. He sets forth its advantages in a lucid manner.

——The effect of atropine in diminishing the pains and shortening the duration of the first stage of labor by reducing rigidity and allowing prompter expansion of the os, is set forth by Dr. Henry L. Horton, in a pamphlet of twenty pages reprinted from the *American Journal of Obstetrics*. It deserves the consideration of obstetricians, as we have about outgrown the fear of "meddlesome midwifery," which we had inculcated into us a score of years ago.

——The address of Dr. T. G. Richardson, of New Orleans, President of the American Medical Association, at the meeting at Buffalo, has been printed in pamphlet form, and may be had of the author or the Permanent Secretary.

——"The North and West Illustrated" is a well compiled and neatly printed guide book of that region, published by the Chicago and Northwestern Railway Co., Chicago, Illinois. Paper, pp. 120. Price 25 cents.

——The American Medical Review and Index, Vol. 1, No. 1, Dr. James I. Hale, Editor, Anna, Illinois, has come to hand ($1.00 per year). Its principal features will be book reviews and a list of all the original contributions to American medical literature which appear in other journals. There will also be a news department and editorial column. The plan is useful, but the paper and proof reading should both be materially bettered.

——Dr. William Porter, of St. Louis, sends us reprints of two articles by him, one on post-nasal catarrh, the other on tubercular laryngitis. They are practical, and largely the results of his own observations on these two diseases, both notoriously difficult to treat satisfactorily, though differing so widely in actual gravity.

——Two cases of interest to ophthalmologists are related in reprints from the *Archives of Ophthalmology* by Dr. Swan M. Burnett, of Washington. One is of choroiditis exudativa, the other of double optic neuritis; both presenting unusual complications.

——The Physician's Monitor, for 1878, price 25 cents, has been published by W. A. Townsend, 189 Broadway, New York City.

BOOK NOTICES.

Transactions of the Medical and Chirurgical Faculty of the State of Maryland at its Eightieth Annual Session, held at Baltimore, April, 1878. Baltimore, 8vo, pp. 208.

The opening address of the Faculty, by the President, Dr. A. B. Arnold, is on Homœopathy. The subject is musty, but probably it is as well that the follies which some people pretend to believe in should be shown up afresh from time to time. In the report of the Section on Sur-

gery, Dr. T. R. Brown gives his views on urethral stricture, which we notice elsewhere, and Dr. A. P. Smith cites fifty-two successful cases of lithotomy. Drs. Friedenwald and Monmonier are other contributors. The report on medicine includes sulphides in diabetes and antipyretics in fever. The reporter is Dr. John S. Lynch. Dr. P. C. Williams warmly argues for the use of chloroform in obstetrics. Two careful articles are those on spontaneous generation, by Dr. F. Donaldson, and on General Paralysis of the Insane, by Dr. I. D. Thompson. Volunteer papers were presented by Dr. L. M. Tiffany, on the removal of naso-pharyngeal polypus; by Dr. A. F. Erich, on a case of double vagina; by Dr. Joseph A. White, on exophthalmos; and by Dr. John Van Bibber, on chorea. The last mentioned claims to have discovered a "new treatment" of this multiform complaint, in a modification of Prof. Dexter's plan of complete rest and quiet. Like every other treatment it is easy to instance successful cases by using it.

The volume contains a biographical notice of Prof. N. R. Smith, by Dr. S. C. Chew, and a well-executed photograph of him in his advanced life.

Stricture of the Male Urethra; its Radical Cure. By Fessenden N. Otis, M.D., Professor of Genito-Urinary Diseases, in the College of Physicians and Surgeons, New York, etc. New York, G. P. Putman's Sons, 1878. 1 vol. 8vo. pp. 352. Price, cloth, $3.

Dr. Otis' contributions to the literature of his specialty have long been familiar to those conversant with medical periodical literature, and this treatise on the important subject of stricture will no doubt gratify many who have long desired to familiarize themselves more intimately with his procedures. A good deal of the contents have been, indeed, already laid before the profession, but not in any accessible form.

Dr. Otis commences with a description of the bulbous sound, an instrument he deems absolutely essential to ascertaining the urethral calibre. On the subject of the normal urethral calibre he is very full, and gives the text of several papers and discussions regarding it. Numerous statistical tables are included in the book, such as 100 cases of urethral stricture, 100 measurements of the normal male urethra, 45 cases of operations for stricture, and a second table of results in 136 cases of stricture.

Dr. Otis holds that stricture is a relative term; that the slightest abnormal contraction of the urethra at any point should be so called, for even the slightest is a point of friction, with a tendency to bring about inflammation. True stricture, as he uses the term, always embraces the entire circumference of the urethra. The complete division of the stricture, and the separation of the sundered ends until the wound is healed, are essential to a radical cure. This radical, permanent cure is the strong point he makes, and is prepared to defend its reality, and what is more, its certainty, and ease of performance by any surgeon who will provide himself with the requisite knowledge and instruments, and take the necessary pains with his patient.

The paper, print, and general manufacture of the volume is unusually praiseworthy, and the illustrations are well done and ample in number.

Medical Communications of the Massachusetts Medical Society. Vol. XII, No. IV, 1878. pp. 184.

The communications in this volume include—

Hints in Ethics and Hygiene, by Francis Minot, M.D., of Boston. He discusses the "woman question;" admission of irregulars; furnace heat; school hygiene, etc., in a somewhat desultory manner.

The Identification of the Human Skeleton, by Thomas Dwight, M.D. A very unequal prize essay, excellent in some portions, decidedly deficient in others.

Floating Spleen, by Dr. F. C. Shattuck. An instance of this anomaly and a discussion of its pathology.

Absence of Resonances in the Fifth Intercostal space Diagnostic of Pericardial Effusion, by Dr. T. M. Rotch. An original and suggestive study, well supported.

Reflex Symptoms in Hip Disease, by Dr. Edward H. Bradford. A valuable paper on this subject, which has received a great deal, but none too much, attention lately, from orthopædic surgeons.

The publications of this society have always taken a high position, and it is a matter of regret that, owing to the necessarily limited circulation of such works, they are not more generally familiar to the reading medical public.

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WARNINGS FROM THE PESTILENCE.

The sufferings which have been brought upon the cities of the Mississippi valley by the epidemic of yellow fever which they have been suffering under, have not been paralleled in this country for many years. Apart from the medical questions involved, and the actual life lost, the occupations prostrated, and the accumulations of years dissipated, there is the serious social disorganization which always follows a pestilence. This sad aspect of the scourge has not attracted so much attention, but it is one of its most serious features.

In the darkest days of Memphis and Grenada, when hardly an inhabited house was without its case of fever, burglaries were of nightly occurrence; and from the outset, the eager hope of escape obscured in many a breast all better emotions. In Memphis, within twenty-four hours of the official declaration that the disease was yellow fever over one hundred cases were reported, and the city was wild with alarm. A fugitive thus describes the scene, in the Detroit *News*:—

"Every one who could move began to get out, and the streets were jammed with folks on their way to the railway stations and the steamers going north and east. The ticket offices were beseiged by mad, howling, fighting mobs, struggling for tickets. People didn't take any trouble to pack up. They just nailed up their doors and shutters, took what little they could with them, and trusted to luck for the rest. I went up Main street Wednesday night week, for some tobacco. I found the tobacconist I dealt with nailing up his door. No tobacco here, said he, and you can't get any till the frost comes! Then he rushed down to the depot with his trunk, consisting of a change of linen, wrapped up in a newspaper, under his arm.

"I rode on the steps of a car for seventy miles, holding on by the guard rail. The platforms were crowded, while the interior of the cars were packed to the point of suffocation. On the platform to which I clung stood several women holding their babies above their heads, and almost fainting, in the awful heat. It was every one for himself, and the yellow jack take the hindmost. I was glad enough, I can tell you, to get home again."

On the other hand, those who lived near these infected towns drew around themselves a *cordon sanitaire* of a severity not surpassed in the days of the plague. A gentleman living in a large

country town of Southern Louisiana details as follows his endeavor to reach his home, and the condition of things when he got there:—

"I deemed it best to buy a ticket from Kansas City to Shreveport, La., by way of Kansas, Indian Territory and Texas. This brought me to Shreveport, in the northwest corner of this State, 400 miles from home. At Shreveport I found everything, even down to the United States mails from North Carolina and the South, quarantined; no boats, no stages, no railway, nothing available but private conveyance at exorbitant prices; and this conveyance was a farm wagon without springs, without top, and as poor a pair of horses as ever writhed beneath the sharp cut of a lash. The country is sparsely settled; at times going twenty miles without finding a house or a person, the sun hotter than I ever felt, and the people, always inhospitable and avaricious, in presence of the rapid progress of the dread scourge that is desolating this country, were positively more inhuman and cruel than any savages. We are quarantined against the world; no freight or goods are permitted to be received; no person from without can enter; we are in a state of siege, and greater terror prevails than I ever before witnessed, even during the war. All our roads are strictly guarded, day and night, each citizen taking his turn on duty at the summons of the constable. I stood guard night before last, and believe my turn is every five or six days. Every town in the country observes the same precaution. Still the fever manages to spread into new places, and its ravages are simply frightful."

When it struck a town, natural affection too often fled. Says a writer, in the last week of August—

"Many are the instances of cowardice displayed. Husbands have gone to their homes to find their wives down with the fever, and have fled in dismay. 'Take care of my wife,' telegraphed one of these brutes to the Howards, the other day, as he took himself from the city. They did take care of her, but she died. Many a tale of distress is related at the headquarters of the Howards. The panic is so widespread that friends and relatives, wives and children are left to die by themselves. Fear is stronger then duty. It is hard, indeed, to keep up a brave heart here. With people falling dead on every side the outlook is blue enough. Yellow fever is the only thing thought of. Business is dead, and thoughts of safety occupy every one's attention. The newspapers are dreary enough. Column after column is given up to yellow fever reports."

A private letter from Grand Lake, Arkansas, under date August 25th, contains the following description:—

"There is nothing else being talked of but the prevailing epidemic, which seems to have taken a strong foothold this year in our southern country. Nearly every landing along the Mississippi valley, whether incorporated or not, has adopted rigid quarantine and refused to let the boats, their only means for communication, land. The landings which are not incorporated have no right at all, according to law, to quarantine, but they take the law into their own hands. They have committees armed with shot-guns, which watch the landings, and if a boat wants to land they just tell the pilot that they don't want the boat to touch the banks, and if it does they will blow his brains out. Of course, in order not to stir up any melee, the boat is backed out and the guards gain their point. But this is not a money making business for the owners of boats, and therefore we have been notified that the Anchor line boats from St. Louis, which carry our mails, have quit running until assurance is given that they will be allowed to land at all landings. It is a certain fact that this will not be granted, and therefore, we will be entirely cut off from the world for the next two months to come, or at least until the fever subsides at Memphis."

An Episcopal clergyman at Jackson, Miss., gives a fearful account of the ravages of the fever at Grenada, as the following extract shows:—

"Many died through lack of attention. In two houses, close together, lived two families, one of seven and one of nine persons. Some were taken sick, then others, and finally all of both families, and when discovered the next day it was too late to do more than close their eyes and bury them. One gentleman living in Holly Springs heard that some of his father's family were sick, and hastened to them. There were 11 in that family. Before 4 o'clock the next day he had laid out seven with his own hands, without help.

"There were three brothers, bankers, with families, named Luke, all good Churchmen, whose three families are utterly extinct, not one left alive. This is not yellow fever—it is the plague. Within an hour after death the bodies turn black. The negroes suffer terribly. Sometimes they are taken sick on the street, and turn and lie down on the nearest porch and die there. They will not help each other. The brother forsakes his sister, and the wife her husband and children. Those among them who are well suffer from hunger. They are laborers and mechanics, and depend upon their daily wages. But all work is stopped; all stores closed. In trouble they always turn to the whites, and never in vain. The Howard Association supports them, nurses them, and buries them when they will do nothing for each other."

We have grouped together some extracts of this kind for a motive. Such facts as these can

appeal to the general mind of a commonwealth when mere statistics and technical warnings are of no avail. We ask whether such dreadful scenes, such destruction and deterioration, are to be allowed to occur every few years, when they *can be prevented?* As soon as the frost comes and the scourge goes, is the same old apathy about sanitation, drainage, and disinfection to reign again, and again to invite the scourge? Has it not been abundantly shown that a spasmodic cleaning up when the pestilence is at the doors is not enough?

Have Tennessee, Mississippi, Louisiana, and Arkansas organized efficient State Boards of Health? Are their cities under stringent and intelligent sanitary supervision at all seasons and every year? Notoriously not; and yet, when, through the criminal neglect (for it is all that) of these precautions, thousands of lives and millions of property are lost, the appeal is loud and long, to their neighbors, for help.

Let this help be sent, but let those cities and States know that it will be discreditable and disgraceful in them if, after this severe affliction, the official sanitary measures we have referred to are not carried out in the most complete manner; they will not deserve any help in the future if they continue their past neglect; let the medical profession of those States insist, in the strongest terms, on a complete reform in these particulars. If a people cannot be taught wisdom, even by many stripes, the fate of that people will come upon it soon, and will not call for pity from any one.

Notes and Comments.

The Home of Yellow Fever.

The following extract is from a paper by Dr. J. M. Toner, entitled, "The Distribution and Natural History of Yellow Fever, as it has Appeared at Different Times in the United States," read before the American Public Health Association, in the city of New York, in the fall of 1874, and published in the report of the Surgeon General of the Marine Hospital Service of the United States for that year, with a map showing the localities in the United States where the disease has appeared from 1668–1874. "The conceded home of yellow fever is in the West Indies and the Bahamas, with a portion of the adjacent continents of North and South America. A square formed by the 45th and 100th degrees of longitude, and the 35th north and the 5th south latitude, will include the favorite region of this disease. Although originating within the square named, history shows that it may prevail on the sea coast in any locality within the tropics, north and south of the equator, where malarial fevers prevail, and the daily average of the thermometer is over 75 or 80 degrees, with a high dew point for weeks or months together." There are, no doubt, other conditions than those of continued high temperature with moisture, of a purely sanitary and preventive character, which favor the existence and propagation of this great scourge of the tropics. It has been observed that once the disease becomes epidemic it can exist and preserve its grave form at a much lower temperature than seems to be required for its origin.

Advantages of Legal Control Over Prostitution.

The classical work of Parent Duchatelet, on Prostitution in Paris, contains this passage:—"If legislation cannot render men virtuous; if it cannot correct the judgment and repress the impetuosity of passions which appeal to their senses too loudly to leave them the consciousness of duty; at least, it may meet the danger to which the imprudent expose themselves, and, for the sake of these men's wives and children, look after the health of the guilty in order to preserve the innocent. I will go further, for I maintain that it ought to do so, and that those who have neglected this important duty have been unfaithful to their trust, and can only be excused by their ignorance of the benefits of the sanitary surveillance of prostitution."

The Urine in Nephritis.

M. Albert Robin, of Paris, has pointed out two previously unknown characters of the urine of interstitial nephritis. 1st. The presence in this liquid of a notable quantity of urohæmatine. 2d. The existence, under the microscope, of crystalline, or amorphous pigmentary masses, and of garnet masses, probably formed of hæmatoidine.

Character of the Yellow Fever in Memphis.

A private letter from that plague-stricken city says—

This disease is yellow fever, or is, in fact, the malarial fever of this coast, intensified by the introduction of the germs of ship or Asiatic fever. It is the most subtle scourge the world has experienced, and baffles all medical experience. A person of intelligence, when first attacked with the malarial symptoms, if he be administered to at once, with the usual treatment, wrapped up in blankets and nursed carefully, may pull through. None but the rich can, in times like the present, command special attention. The masses are treated by the wholesale, and all alike; few recover.

The first symptoms are heaviness and a slight chill, then suppression of the urine, puffed face, glassy eye, beautiful flushed skin, pink eyelids, pulse 120, temperature 103 to 106. Soon vomito begins, which is simply a slight hawking sound and spitting of a coffee-ground substance from the stomach, which sinks to the bottom of the vessel. The patient, after each emission, feels well and would get up if allowed. No pain, no evidence of concern, either by look or action. The pulse begins to run down to 90, 80, 70, 50, 40; then comes the pinched nostril and mechanical breathing. They sit up; want to get up; are induced to lie down, and quietly pass away.

Correspondence.

Prussian Blue in Ague.

Ed. Med. and Surg. Reporter:—

In the Reporter, No. 9, present Vol., Dr. Martin, of New Jersey, reports his experience in the treatment of malarial fever with Prussian blue, and concludes that it is "just the thing" to break up stubborn cases of chills, where quinine has failed. The use of the above article in the treatment of ague is by no means of recent origin, although it may not have had an extended application.

During the autumn of 1866, while practicing in the low grounds bordering on the Illinois river, I saw Prussian blue suggested, in some medical periodical (the name of which I cannot call to mind), for the treatment of ague, and being anxious and willing to try anything with a *hope* of success, either as a substitute to or in aid of quinine, to combat the prevailing disease of that locality, I first began by using the ferrocyanide, in doses ranging from five to ten grains, every three, four or six hours, according to age and condition of patient. I found I could rarely ever break up an established attack of chills, without having previously given quinine. I then gave the ferrocyanide combined with quinine, in equal proportions, from three to five grains of each, well rubbed up; the results of which were entirely satisfactory, so much so, that my "blue chill powders," obtained a local reputation. However, the intensely blue color of the powder, discoloring everything it came in contact with, together with the disgusting appearance of the dose, came to be a serious drawback to the further use of it.

Believing that the virtues of the Prussian blue were due to the chalybeate properties it possessed, I substituted iron by hydrogen, and to my gratification, found it to answer all the purposes of the former, with the great advantage of color and size of dose, being nearly one-fourth less in bulk. Suffice it to say, I have not used the Prussian blue since, for that purpose.

A. S. Stonebraker, M.D.

Waco, Texas, September 6th, 1878.

"An Obscure Case of Cerebral Disease."

Ed. Med. and Surg. Reporter:—

I notice, in the Reporter of the 10th inst., page 114, a communication from Dr. J. T. Huntley, Jr., headed, "An Obscure Case of Cerebral Disease." He winds up with the query, "Could it have been a case of meningeal inflammation."

A careful reading of Dr. H.'s well written article suggests to my mind a case of basilar meningitis, involving crus cerebri and eighth pair of nerves, caused, probably, by the fall upon the nates. The unpleasant symptoms described by the Doctor can be accounted for when we consider the origin, distribution, and various functions of the pneumogastric, glossopharyngeal, and spinal accessory nerves.

The presence of Dr. H., of Oneida, led toward the relief of the difficulty. The hydrarg. bichlor. should have been given separately, and continued until its constitutional effects were manifest, giving the iod. pot., at the same time, increasing the dose daily until sixty or eighty grains were taken in twenty-four hours, and persisted in as long as the disease or the patient lasted.

Ford S. Dodds, M.D.

Anna, Ill., August 31st, 1878.

News and Miscellany.

Meeting of the Alumni Association of the Jefferson Medical College, in Reference to the Death of Dr. Atlee.

At a meeting of the Alumni Association of the Jefferson Medical College, to take action on the death of Dr. Washington L. Atlee, a vice president of the association, Professor S. D. Gross, the eminent surgeon, made a short address, in which he said that he was one of the earliest student acquaintances of Dr. Atlee. He had entered with him the office of the late

Professor George McClellan, in the year 1826. At that time he was deeply impressed by the courtesy, the erect stature and the determination of the young man. He briefly alluded to the prominent characteristics of Dr. Atlee, but particularly to his energy, bravery and conscientious efforts in the great operations for the removal of ovarian tumors. Resolutions in honor of Dr. Atlee, for his bravery, energy and determination in the pursuit of his duties as a surgeon, for his courtesy and conscientiousness, and for his interest in all matters pertaining to the welfare of the public, as manifested by his efforts in behalf of hygiene, and the success of all institutions for the cure of the sick and distressed, were unanimously adopted.

Indiana, Illinois and Kentucky Tri-State Medical Society.

The fourth annual meeting of this society will be held in the city of Springfield, Ill., November 13th, 14th and 15th, 1878, commencing at 11 A.M. on the 13th.

Extract from Plan of Organization.—"All members of local, county, district, or State medical societies, auxiliary to the American Medical Association, may become members on payment of the fees and a vote of the Society."

G. W. BURTON, M.D., *Secretary, Mitchell, Ind.*
B. M. GRIFFITH, M.D, *Chairman Committee of Arrangements, Springfield, Ill.*

Reports of the Epidemic.

The following is the report of the Surgeon General, United States Marine Hospital Service, for September 14th, 1878:—

MEMPHIS.—During the week ended 6 o'clock September 12th, there were 687 deaths from yellow fever. It is impossible for the Memphis authorities to ascertain the number of cases.

BROWNSVILLE, TENN.—The first case of probable yellow fever occurred on the 29th of August, resulting in death September 2d, since which time there have been 9 deaths from yellow fever. There were 30 cases under treatment last evening. At least two-thirds of the population fled the city between the 1st and 4th instant.

HOLLY SPRINGS.—116 new cases of yellow fever and 42 deaths occurred during the week ended yesterday evening, making in all 216 cases and 67 deaths. All of the resident physi sians are sick.

CANTON, MISS.—150 new cases of yellow fever and 20 deaths for the week ended yesterday evening. First case August 1st; total cases, 340; total deaths, 50.

PORT GIBSON, MISS.—Dr. Wharton, of Mississippi State Health Board, reports about 500 cases of yellow fever and 94 deaths to yesterday noon, and "very few subjects left to take it."

WATER VALLEY, MISS.—One citizen taken with yellow fever September 1st, and died on the 7th. No other cases to yesterday evening, since the refugee cases reported in August.

OCEAN SPRINGS, MISS.—16 cases of yellow fever and 4 deaths occurred during the week ended yesterday evening, making 34 cases and 9 deaths in all since commencement, August 30th.

PASS CHRISTIAN, MISS.—From August 29th to September 9th, there were 15 cases of yellow fever and one death.

BAY ST. LOUIS, MISS.—6 cases of yellow fever developed in Bay St. Louis during the last week; 2 deaths; no new cases yesterday.

PASCAGOULA, MISS.—One of the cases, previously reported, since died. No new cases.

NEW ORLEANS.—During the week ended yesterday noon there were 1528 cases of yellow fever and 530 deaths, making in all 6137 cases and 1925 deaths. In the last twenty-four hours, to Friday noon, there were 228 cases and 58 deaths.

PLAQUEMINE, LA.—175 cases of yellow fever and 37 deaths had occurred up to September 8th.

MORGAN CITY, LA.—There have been 25 cases of yellow fever and 8 deaths, of which 3 cases and 2 deaths occurred during the past week.

PORT EADS, LA.—No cases and no deaths from yellow fever during last week. There were 21 cases and 2 deaths from August 16th to 31st—period not previously reported—making in all 67 cases and 8 deaths.

MOBILE.—One death from yellow fever occurred on the 9th instant. No other cases to last evening. City healthy.

ST. LOUIS.—During the week there were 2 cases, of local origin, said by some to be yellow fever, disputed by others; one died, the other was sent to quarantine hospital, where 9 refugees died of yellow fever during the same period.

CAIRO.—The editor of the Cairo *Bulletin* died of yellow fever on the 12th instant. One employee of the *Bulletin* office died yesterday. No other cases. On the 4th instant four members of a family, residing two miles from Cairo, upon the bank of the Mississippi, were suddenly stricken with yellow fever. On the 10th, the remaining two members of the family were attacked, one died. The children found an abandoned skiff in the river and removed it to the house for repair. Three or four days afterward, all who were around the boat were stricken with fever in one day. The quarantine physician dissents from the diagnosis of the attending and consulting physicians.

HICKMAN, KY.—The telegraph operator reported dead. No other information obtained.

LOUISVILLE.—There were nineteen new cases of yellow fever and seven deaths for the week ending yesterday evening, all refugees.

CINCINNATI.—From September 4th to yesterday evening there were seven cases of yellow fever and four deaths. All of whom were recently from infected places South.

GALLIPOLIS, OHIO.—There have been 25 cases of yellow fever and 9 deaths resulting from communication with the steamboat "John D. Porter" and her barges, while anchored near Gallipolis. This vessel and her infected barges ascended the Mississippi and Ohio rivers

from New Orleans to Gallipolis with effect much like a firebrand among explosives. The local health authorities could only prevent her landing, and the law forbids this office interfering in such cases. JOHN M. WOODWORTH, *Surgeon General U. S. Marine Hospital Service.*

The Ministering Angels.

The Memphis *Avalanche*, describing the scenes of misery and trial in that city, says: "Parents have deserted children, and children parents, husband their wives, *but not one wife a husband.*"

Origin of Diphtheria.

In his last report as city Registrar of Providence, Dr. Edwin M. Snow writes—

Diphtheria is *a filth disease*, whether found in the mansions of the rich or in the tenements of the poor. In a very large portion of the cases, and in fact, probably, in most cases, the direct cause is breathing foul air from cesspools or privy vaults; and the effect is the same, whether the foul air is carried through an elaborate system of pipes and through porcelain water closets, or whether it comes direct from open cesspools and uncovered privy vaults, through open windows or untrapped wooden sink spouts. The foul air is more dangerous if it reaches sleeping rooms, because in sleep the respiration is more full and free, and there is not as much circulation of fresh air in the house as in the daytime.

Personal.

—Dr. George H. Gay, a well-known Boston physician, died last month.

—Two well-known Berlin physicians, Dr. Carl Sachs and Dr. George Salomon, fell, lately, while scaling Mt. Cenedale, in the Tyrol. The former was killed, the latter severely injured.

—Mail advices from Europe record the death, at Brussels, August 16th, of Dr. Jean Baptiste Jourdan, Knight of the Order of Leopold, an eminent physician, millionaire and philanthropist. He was born at Brussels, September 11th, 1803, educated at the university of that city, where he took a medical degree, served as physician in the army during the revolution of 1830, which resulted in Belgian independence. One of his chief cares was the endowment of Brussels with a complete system of infant asylums, at his own expense. His success in this endeavor prompted him to found similar establishments at Lowvain, St. Gilles, Etterbeck, Koekenberg and other cities. He then founded at St. Gilles a model hospital for the aged, to which he bequeathed much of his estate.

—One of the 294 sections (there are thirty-four sheets of schedules beside) of the new Irish Public Health act prescribes a fine of £10 for holding a wake over a person who died of an infectious disorder.

Items.

—A cable telegram just received announces an award of the highest prize for William R. Warner & Co.'s sugar-coated pills, at the Paris Exposition. This makes the fifth grand prize awarded for their superiority over all competitors.

—Quinine has advanced in price, until it is now higher than it has been in this country since the Rebellion. This is attributable not only to the spread of malarial disease, but to the falling off of the supply of bark, owing to the troubles among the South American tribes of Indians, who are the principal gatherers. They have shipped no bark for eight or nine months.

QUERIES AND REPLIES.

Pocket Batteries.

MR. EDITOR:—Permit me, through the medium of the REPORTER, to inform Dr. Heming, of Red Key, Ind., and all others that desire such an instrument, that Messrs. Shepard and Dudley, of 150 William Street, New York City, import a French pocket battery, just suited to the wants of country practitioners. I have used them, and know them to be reliable. The wholesale price is nine dollars, retail twelve. J. G. SHACKELTON, M.D.

Matawan, N. J.

Dr. S. H. B., of Pa.—For a medical man to insert in his announcement the number of years he has been in practice, although he word it modestly, is in questionable taste, and savors of preferring deceptive claims, because not length of years but sound study makes the skillful practitioner. It cannot, however, be said to violate the Code of Ethics.

Dr. E. S. R.—Oxalate of cerium is not classed among the poisons. Professor Simpson recommends it in epilepsy; and many authors in the vomiting of pregnancy.

MARRIED.

DWINELL—BARRON.—In Washington, Vt., August 14th, by Rev. R. G. Spafford, Byron L. Dwinell, M.D., late of Calais, now of Taunton, Mass., and Ada L. Barron, of Washington.

HOWARD—WHEELER.—In South Londonderry, Vt., August 10th, by Rev. L. W. Wheeler, Dr. George H. Howard, of Newfane, and Kittie A. Wheeler, of South Londonderry.

DEATHS.

BARTON.—In Croydon, Vt., August 15th, Mrs. Ellen, wife of Dr. Wm. Barton, aged thirty-eight years.

ELY.—At Rochester, N. Y., August 30th, Sarah A., wife of Dr. Wm. W. Ely, and daughter of the late Joseph and Sarah Allen, of Fairfield, Conn.

STICKNEY.—At his residence in Fowlerville, Livingston Co., N. Y., September 9th, 1878, Dr. F. R. Stickney, aged sixty-five years.

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In addition to its superior efficacy as a tonic and anti-periodic, it has the following advantages, which greatly increase its value to physicians : —

1st, *It exerts the full therapeutic influence of* Sulphate of Quinine, *in the same doses*, without oppressing the stomach, creating nausea, or producing cerebral distress, as the Sulphate of Quinine frequently does; and it produces much less constitutional disturbance.

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C. GILBERT WHEELER,
Professor of Chemistry."

"I have made a careful analysis of the contents of a bottle of your CINCHO-QUININE, and find it to contain *quinine, quinidine, cinchonine*, and *cinchonidine.*
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TESTIMONIALS.

"WELLFLEET, MASS., Nov. 17, 1876.
"I have used CINCHO-QUININE, and can say without any hesitation it has proved superior to the sulphate of quinine. J. G. JOHNSON, M.D."

"MARTINSBURG, MO., Aug. 15, 1876.
"I use the CINCHO-QUININE altogether among children, preferring it to the sulphate.
DR. E. R. DOUGLASS."

"LIVERPOOL, PENN., June 1, 1876.
"I have used CINCHO-QUININE, obtaining better results than from the sulphate in those cases in which quinine is indicated.
DR. I. C. BARLOTT."

"RENFROW'S STATION, TENN., July 4, 1876.
"I am well pleased with the CINCHO-QUININE, and think it is a better preparation than the sulphate. W. H. HALBERT."

"ST. LOUIS, MO., April, 1875.
"I regard it as one of the most valuable additions ever made to our materia medica.
GEORGE C. PITZER, M.D."

"RICHMOND, VA., March 28, 1877.
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Member Va. State Board of Health, and Sec'y and Treas. Medical Society of Va."

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CONTENTS:

ORIGINAL DEPARTMENT.

LECTURE.

ATKINSON, WM. B.—The Conditions of Health in the Infant..... 263

COMMUNICATIONS.

GARRISON, G. W.—On Skin Grafting..... 268

MEDICAL SOCIETIES.

Philadelphia County Medical Society.—Death of Dr. Atlee..... 270

The Medical and Surgical Society of Baltimore—Aortic Aneurism; Scarlatina; The Temperature in Cerebral Meningitis; Fracture of the Cranium; Epileptiform Neuralgia (Trousseau); Injury of the Eye and Extirpation of the Eye. 271

British Medical Association.—Intestinal Obstruction..... 272

EDITORIAL DEPARTMENT.

PERISCOPE.

The Successful Treatment of the Opium Habit.. 274

The Muscular Powers of the Uterus and Vagina. 275

The Relation of Albuminuria During Pregnancy to Puerperal Convulsions..... 275

BOOK NOTICES.

A Practical Treatise on the Medical and Surgical Uses of Electricity, Including Localized and General Faradization, Localized and General Galvanization, Electrolysis and Galvano-cautery (Beard)..... 276

A Clinical History of the Medical and Surgical Diseases of Women (Barnes)..... 276

EDITORIAL.

THE VARIED PLANS OF PAYING THE DOCTOR.... 277

NOTES AND COMMENTS.

Impure Medicines..... 278

Diarrhœa in Children..... 278

Dr. Martin's Bandage for Ulcers..... 279

Effects of Excessive Beer Drinking..... 279

Thermometry as a Guide in Detecting Miliary Tubercle..... 279

Modern View of Conscience..... 279

Composition of Gases..... 279

CORRESPONDENCE.

The Theory of Malarial Poisoning (Stonebraker) 280

NEWS AND MISCELLANY.

Deaths of Physicians from Yellow Fever..... 281

Reports of Epidemics for Week Ending September 21st 1878..... 281

Decline of the Yellow Fever..... 282

Cholera in Africa..... 282

Personal..... 282

Items..... 282

MARRIAGES AND DEATHS..... 282

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EDITORS

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Original Department.

Lecture.

THE CONDITIONS OF HEALTH IN THE INFANT.

Delivered at Jefferson Medical College,

BY WM. B. ATKINSON, M.D.,

Lecturer on Diseases of Children.

It is absolutely impossible to judge correctly of any diseased condition of the human frame, unless we previously have a thorough knowledge of that frame in a state of health. This proposition is so self-evident that it is unnecessary for me to do more than make the statement. While this is true as to adults, it applies with equal force to the cases of children. We carefully study the anatomy and physiology of each organ, its relations to other organs, and the condition of the body as an accumulation of these parts. So it behooves us to study the child, to familiarize ourselves with it in every way, from the moment of birth up to the time when it and its diseases may be regarded as no longer peculiar, but as coming under the ordinary heading of diseases of adult life.

Feeling the necessity of such a study, and knowing well that the books are almost completely silent on this important point, I have deemed it well to devote this lecture to the consideration of healthy children, and what we should expect to find in them.

At the moment of birth the infant changes entirely its mode of life. From a condition peculiar to itself, it changes, at a bound, to the condition of a breathing animal. Hitherto its lungs have been in a dormant state, their cells flaccid; now these cells expand, the air suddenly rushes into them and fills them, gradually, to their utmost capacity. The blood no longer flows through the umbilical cord, but passes by a new route through the lungs, and as it passes is wonderfully changed and vivified by the reception of oxygen from the air in the lung cells, burning out the effete black matters which but recently loaded it. The child has become "a living, breathing soul."

From a condition of almost perfect rest, its limbs and body folded upon themselves so as to occupy a remarkably small space, it assumes the role of an active, moving being. This is an especial point; a healthy infant, save when asleep, is almost constantly in very active motion. But as the little being commences to grow very rapidly, it requires a great deal of food and rest to enable it to progress; hence, we find that an infant sleeps two-thirds or three-fourths of its time.

But before we attempt the consideration of its habits, it would be well to give you some idea of its appearance. The average infant at birth measures about eighteen inches in length. As I have just said, it commences to grow very rapidly, and so continues, but each year slightly diminishing the increase. Thus, for the first year, it grows at such a rate that by the close of the year it has attained a length of, say 26 inches; during the second year the increase is less, or about four inches, say half as much as that of the first year; the third it again is lessened, amounting to three inches; and thus it continues, averaging from this time about two or two and a half inches each year, slowly decreasing, until from the fourteenth or fif-

teenth year the child rarely gains more than one inch each year.

The weight is usually seven and a half pounds. On this point we are continually liable to deception. Again and again I have been assured of extraordinary weights, or conjectures have been made, but the test by a pair of good scales, or the little standard scales now so often met with in many households, will reveal a very small number of children above the weight of eight pounds. The general rule is that female infants are a trifle shorter and lighter than males. In the case of twins the two generally weigh about ten and a half to eleven pounds. At the end of a year the infant's weight has increased to about twenty pounds; and the increase goes on at the rate of four or five pounds by the end of the second year, and year by year from four to seven pounds. Marked variation either way, as to length or weight, does not constitute disease, though these points should be considered when a prognosis is required as to probabilities of life, etc.

The color of the skin is of a deep pink tint; the skin being delicate and highly vascular. The peculiar cheesy covering so often found tenaciously adhering to the surface of many new-born infants, technically called *vernix caseosa*, varies greatly in profuseness, and in a large number of children is entirely wanting. I have not observed any difference as to the health of children in relation to the absence or profuseness of this matter. Generally desquamation of the cuticle, to a greater or less extent, occurs within a few days.

The body and limbs are soft, not flabby, giving rather the sensation to the hand of fatness, and in reality the majority of infants are plump and in good condition, even when the mother has been poorly nourished during pregnancy.

The appearance of the child is rather as though the head and body had been nourished, to the neglect of the limbs, but this is solely due to the fact that the limbs have been almost perfectly quiescent. We find that the muscles are deficient in fibrine, hence they are soft and destitute of that firmness which they subsequently acquire by the almost constant use to which they are put by the child in its varied movements.

The bones are relatively small, and greatly deficient in earthy matter, being almost wholly cartilaginous. Hence it is that they yield so readily to force, not breaking, but bending, and finally, when bent too far, we have produced what is technically called the "green-stick" or partial fracture—the bone being broken on one side and bent on the opposite. This want of strength in the skeleton is important to be known, in order that care may be taken not to expose the child to injury by the upright position at a very early age, and especially by those efforts, so common with fond mothers and nurses, of placing children too soon on their feet, in the desire to see them commence to walk. We may almost always depend upon the child itself in this matter, as it instinctively endeavors to place itself erect when it feels that its legs are able to bear the weight placed upon them. Another important point is to remember that the shafts of the long bones and their epiphyses ossify at different periods; and that these epiphyses are almost loose, as it were, or so slightly joined to the bones that a very trifling force will separate them. The solid union is rarely completed until after the age of puberty, say the fifteenth or sixteenth year. The bones of the skull are separated by divisions covered by membrane, and these lines become subsequently the sutures, or lines of ossific union of the bones. At the points where these sutures unite with or cross each other, ossification is still less complete, and slower in its progress, so that large openings, the fontanelles, present. These are familiarly called the "moulds of the head." There are several of these, but the two most prominent and important are the anterior or large fontanelle, formed by the two frontal and the two parietal bones, shaped like a trapezium, with the anterior angle most acute, and the posterior or small fontanelle, which is formed by the two parietal and the occipital bones. This is very much smaller, and is usually ossified much earlier than the anterior, which remains in a membranous state until the child has acquired some age. The fifth year is usually the age at which these openings have become completely filled by bone.

Generally, at the moment of birth there is some hair on the scalp, but when this is unusually long and thick it falls out, and is gradually replaced by the permanent growth.

The pulse of a new-born child is markedly rapid and soft, and is easily affected by the slightest causes, as emotion, or position, and even varies at different periods of the day. The heart, though large, proportionally, is soft and pale. It contracts and dilates at an average

rate of 120 times in the minute. But though the pulsations in children are always more frequent than in adult life, yet this great frequency soon begins to lessen, and by the fifth year it has fallen to about 85 or 90 beats.

On this subject Tanner gives the following conclusions: "In young infants no signs can be deduced from the fullness or hardness, the strength or weakness, of the pulse, since, generally, these distinctions cannot be even recognized. The pulsations are often irregular without any disease being present. They are very frequent, the normal quickness varying from 100 to 120 a minute; the average quickness being about 104 for children under five years of age. They diminish gradually as the period of weaning approaches, continuing to do so until adult age, when they are about eighty. Sex has no influence up to the age of seven years; after that the female pulse becomes slightly quicker than that of the male. Sleep lowers the frequency by about eighteen or twenty beats, and makes it also more regular."

The respiration is the first action of the child. The moment it is extruded from the parts it involuntarily draws in the air, expands the cells of the lungs, and at the same moment there commences the change by which the blue or venous blood is changed into arterial or red blood.

At all ages the act is without any regularity. The individual, while deeply intent upon some pursuit, neglects, as it were, to inspire fully, and by and by the wants of the system compel him to take in a full, long breath. This is equally the case at all stages of childhood, though the respiration becomes more decidedly regular after the close of the second year. It must be understood that the child does not for some time fully expand its air cells. This is a gradual process. The act of inspiration in very young children is almost wholly by means of the diaphragm and abdominal muscles; there is but slight dilatation of the chest. Of course, during sleep, the respiration becomes more regular and tranquil. The number of respirations is about thirty during sleep, to forty during the waking moments. As I have said already, this act is so readily affected by the most trivial causes, and may jump in a moment, as it were, to double the number of the usual average of respirations, that it can enter but to a limited extent into our diagnostic means.

The temperature internally is quite uniform. It varies but slightly from that of the adult.

During the first few days or a week it is rather lower, the average being about 98.5°, while subsequently it ranges about 99°. Of course, the temperature externally varies as that of the atmosphere to which it is exposed.

We next come to the digestive system. Here we find many points which are of great importance to bear in mind. The mouth seems especially modeled at this time for the act of sucking, by the absence of teeth and by the disposition of the lips, palate and posterior nares. At a very early period taste appears to be entirely absent, for we find the new-born infant readily accepting even quite nauseous substances. But this does not long continue, for it is soon noticed that the little one quickly discriminates between bitter and sweet or aromatic fluids. The organs of digestion are ready for the most active duty; and hunger and thirst are perhaps the earliest sensations after the first hours of life.

Saliva is not secreted until after the third month. The alimentary canal is much less tortuous than in later years, and the angle by which the œsophagus is joined to the stomach is an obtuse one, and hence the act of vomiting is a matter of great ease in the case of children. This is one of the admirable provisions of nature to enable the little patient to eject the contents of its stomach, which may often serve as a prophylactic against additional intestinal troubles. We may really denominate this regurgitation, rather than vomiting. Nor is this all, for we find that articles of food which must have passed out of the stomach into the lower bowel are very frequently ejected by the mouth. Again, we find, by the ease with which the fecal dejections are passed, that the bowels are much less tortuous in their course. All the digestive organs are less perfectly organized than in after life, yet they are fully in a condition to digest rapidly and completely the appropriate aliment so necessary to supply the material with which to build up the entire structure. In fact, the stomach has so little work to do in comparison with its after duties, that in the infant it is but little more, in form and purpose, than an enlargement of the tube at this point. Showing that its function is not to retain the food for a long time, as in adult life, and there subject it to the process of digestion, but that the food is really to be brought into its cavity almost fully ready for the changes which are to occur, as it is conveyed

rapidly on into the blood vessels. The capacity of the stomach of the infant is not very great. Perhaps half a pint placed at one time within it will be sufficient to fill it uncomfortably full. About four to six ounces of food is the average amount of liquid nourishment taken at each time of sucking. So rapidly is digestion accomplished, that in about two hours this is digested, and nature again demands a supply. This is the rule, with variations according to circumstances, throughout the day. But at night the majority of infants arouse from their slumbers about once in six hours, and require to be nursed. Much, here, however, depends upon habit. By care, many mothers succeed in accustoming their infants to a much longer interval at night, and thus secure for themselves a more comfortable rest. Those mothers who allow themselves to give the breast to the child at every moment of restlessness, or on every occasion that they may take the child into their arms, soon accustom the little one to demand it, and they rapidly place themselves under the caprices of a tyrant whose chains are galling, even though they are covered with the velvet covering of maternal love.

When nursing, the infant sucks until it is satisfied, unless some interruption occurs. Hence, this point, as to the quantity of food to be taken at once, need only claim our attention in cases where artificial feeding becomes necessary.

The act of nursing on the part of the child should never be one indicating effort. A healthy nipple and breast give forth the supply with but little solicitation. A healthy child draws its nourishment without effort, and with evident pleasure. During the act of sucking it must not be forgotten that the respiration is necessarily performed through the nose. Hence its distress when, from any cause, that organ is obstructed.

Vomiting, or rather, regurgitation, constantly occurs in healthy children, as a result, almost always, of an over distention of the stomach. In these instances it comes up with little or no change, often just as it was drawn from the breast.

Many infants quietly draw the milk, and as they become satisfied, gradually fall off into a sound, refreshing slumber. This is well, as the stomach is permitted, without disturbance, to digest and dispose of the milk. Too many people, such as fond fathers, etc., forget their own sensations after a full meal, and snatch the little one from its mother's arms, as it lays back in pleasant contentment, and the next moment it is tossed into the air, tickled, to make it laugh, trotted roughly on the knee, all as though the little stomach was a churn, and the effort was now being made to convert its contents, as rapidly as possible, into butter. Cheese, of a very indigestible form, is the usual result, and fortunately for the child, it also usually ejects said result over the clothes of its fond entertainer.

The bowels should be, immediately after birth, evacuated of a dark-greenish or blackish matter, of a tarry consistence. This is called the meconium, and generally, under the aperient action of the colostrum, or first milk of the mother, it is completely cleared out by the end of the second or third day. Then the discharges become of a soft, curdy appearance, almost without odor, and of a dark yellow color. During the whole of infancy, at least until the food becomes of a more solid character, the evacuations are soft and of a light brown or yellow color. The frequency of the passages depends upon the frequency of feeding. From the first, the infant will have several evacuations in the course of the twenty-four hours. This gradually changes, so that the usual rule is three or four passages in the twenty-four hours. After the period of dentition, and the child is fed on more solid food, the stools are more consistent, but should never be hard. During summer they are generally thinner, and always now have a more feculent odor, but are not really very offensive.

The urine is almost colorless, say of a light straw color, is passed very frequently, requiring frequent changes of its napkins, has a slightly urinous smell, and will average one or, at most, two ounces at a time. The bladder is quite small, and the child, having no consciousness as to any need of retaining it, will pass the contents of the bladder at the least provocation. This is gradually brought under control, perhaps, as much as anything, by the involuntary education of the child. Its sense of discomfort is very acute, and it soon observes, unless it is at once changed, that this discharge of the urine leaves it cold and wet. I am fully satisfied that instinctively the child is thus taught to retain the contents of the bladder, and thus, while not so frequent in the performance of the act, more fluid is discharged at each time.

The senses of a child become developed earlier than some imagine. A few days elapse and we find it no longer devoid of taste, but smell undoubtedly develops much later. Hearing, while not very acute, that is, so as to enable it to distinguish between special sounds, yet is sufficiently developed within the first few days that it becomes necessary to observe great caution as to the avoidance of noises within its particular sphere. The sense of hearing soon becomes quite acute, though its education does not progress with much rapidity until a much later period. Still, we soon find the infant able to determine between noises or sounds of an agreeable or of a disturbing character. We constantly see illustrations of this, where the pleasant, endearing expressions of the mother will produce a cooing response from her infant; while an attempt, in no louder tones, on the part of a stranger will startle the little one, and it will show abundant signs of alarm and fear.

The sight is on a parallel with the sense of hearing. From the moment of birth, the eyes, which are open with an apparently inquiring look, will be turned to and from the light. Nor is it necessary for us to do more than observe the contraction of the brow when the face is exposed to a strong light, to understand that the optic nerve receives the impression, and that it is not an agreeable one. A short time elapses, and we find the little one following, with its eyes, its mother, as she passes near it, and soon it learns to distinguish her face from all others.

The breath should be inodorous, the tongue and mouth of a uniform dark pink color, and the lips of a bright red.

The infant is eminently susceptible of pain. In fact, its nervous system is particularly awake to all impressions, but, fortunately, the sunshine and rain follow each other almost immediately, and we are led to believe that while acutely alive to unpleasant impressions, the effects are but transitory.

From this acuteness of nervous sensibility, we would readily infer that trifling irritations would induce, even in the healthiest infant, very grave forms of sympathetic affections, and thus produce dangerous morbid action.

Its cry, without tears, until the third or fourth month, expresses its feelings of hunger, of alarm, of pain, of anger, etc. These various causes of distress are at first expressed almost without any modulation, by the same shrill note, more or less prolonged, according to the cause. When from hunger, the act of suckling it at once appeases its cries. When from alarm or anger, even at a very early age, we can readily distinguish the difference. The first will cause it to break out afresh, again and again, amid the soothing caresses of its mother. The other is shown by the refusal to be comforted, and a turning from the breast as if in vexation. Pain, as it recurs at short intervals, causes the cries to break forth as in spasmodic efforts.

The attitude of the infant, whether awake or asleep, is perfectly natural, that of complete repose and helplessness. Unable, at first, to raise its head on its shoulders, it lies on the back, kicking its legs in every direction, beating the air aimlessly with its fists, which are almost constantly closed, but with the thumb out. Perpetual motion is the constant condition of the wide awake infant.

Thus it remains, with but slight changes or modifications, gradually unfolding its powers, strengthening its muscles, stiffening its bones, until the approach of the first dentition, or what are known as the temporary teeth. These are twenty in number, viz., four incisors, two canines and four molars in each jaw. On an average, these teeth commence to appear at the age of seven to eight months; the two central incisors of the lower jaw being first, then the same of the upper jaw; the lateral incisors on either side are next, those of the upper jaw generally coming first, followed soon by the corresponding ones of the lower jaw. Leaving a gap, we next find the anterior molars of the under, and then of the upper jaw, about the end of the first year, or a month or two later. The canine teeth are much delayed, and are generally cut about the sixteenth to twentieth month. Lastly, the second posterior molars are cut generally by the middle of the third year. There is no reason why this period of dentition should be other than that of health, but unfortunately, the reverse obtains, and so bad a reputation has been acquired by the first teething that it is invariably regarded as a period of danger and trouble, and is always anticipated with much fear. I have seen many instances where the greater number of the temporary teeth were cut so readily that they almost escaped notice until their presence was detected by accident, as the biting of the nipple in the act of sucking.

The food now is more or less changed. Addi-

tions are gradually made to it, in the shape of table food. Every form of light, easily digested material is advisable, and the breast milk becomes, as it were, a bonne bouche, or dessert; or is reserved for the night hours, and gradually the infant is weaned from its desire for the breast.

Articulation now begins, and proceeds more or less rapidly. From about the seventh month, efforts have been made at the formation of words, but these generally were merely mechanical, as when the infant, instinctively, as it were, would form the labial sounds, ma ma or pa pa, and would be encouraged to continue them by the pleasure evinced by those around it. Language is the result of the unfolding of the intellect. Words are increased as they become necessary to express the wants; hence the rapidity with which an infant learns to talk greatly depends upon its surroundings and its instructors.

Another power, that of locomotion, is now being acquired. As I have said before, we should neither retard nor hurry the infant in its efforts. At the second month we find it able to hold its head erect. In a few weeks more it becomes able to sit erect, and tolerably firm. Thus it progresses, till we find it, by the seventh or eighth month, standing by chairs, etc., and by the tenth or twelfth month it moves off on its journey alone. There should be no dragging of the limbs or a bent back when a healthy child begins to walk, but it should be straight, with firm limbs. In fact, the act of walking should be evidently a pleasure, not a task.

Now it sleeps less, with less tendency to interruption during the night, as before, for the purpose of nursing. The child now generally goes to sleep at dark and wakes with the light, until it is broken into other and less healthy habits.

The attitude in sleep is less important than when awake, as we constantly find infants placing themselves in apparently strained or uncouth positions, which we learn, on inquiry, are but a caricature of some habit of one or other of the parents.

The second dentition is less important, as it is rarely the source of much inconvenience.

—A London correspondent visited a doctor, and after consultation asked, "What is your fee?" He replied, "Specialists and extortionists charge two guineas, quacks ask half a guinea, but a physician's fee is a guinea. I am a physician."

Communications.

ON SKIN GRAFTING.

BY G. W. GARRISON, M.D.,

Of Utica, Ohio.

Read before the Knox County, Ohio, Medical Society.

The subject which I wish to call your attention to on the present occasion, Mr. President and gentlemen, is one with which I have had but a limited experience, and I might say that our textbooks have but little to say about it; nevertheless, I have had two cases in which it proved a positive success, when all other therapeutical plans failed in my hands, as well as in those of some other members of our fraternity. I was about to conclude that these unhealthy ulcers had become an excretory dyscrasia, as the first one almost healed, and then broke out again as bad as ever, seeming to say to me, in my first effort to cicatrize, thus far and no further. I thought of making a second effort and availing myself of a new plan in treating extensive abrasions of the cuticle. My subject, then, gentlemen, is skin grafting.

"You will say at once, doubtless, that the subject is altogether a surgical one. I answer, not necessarily so, as the physician must, at times, resort to the bistoury, scissors, bandaging, and small forceps which they carry in their pocket cases, in order to remedy some little trouble, while, at the same time, they make no pretensions to surgery. They can have their adhesive plaster, thumb lance, a small case of instruments to suit their own notions, in order to carry on successfully their plans in the healing art, but in all cases requiring surgical skill they would call to their aid one in whom they have confidence as a surgeon. Then, raising a small piece of epidermis with a pair of diminutive forceps, and severing it with a pair of scissors, without drawing blood, and transplanting this little slip into the abrasion where you wish it to take root and grow, could hardly be said to belong to surgical practice altogether. Now, this is all there is in skin grafting and the modus operandi pertaining to it, and any physician can avail himself of it in the treatment of large skin abrasions which he fails to make cicatrize by medicines or mechanical means, etc.; and one would rationally conclude if we did not give this treatment to our patient we failed in doing our

whole duty. In order to facilitate, I will reduce my paper to one of a practical nature, if I can, by dividing my subject into three heads, viz:—

1st. Cases requiring skin grafting.

2d. Plan of procedure.

3d. How long to continue transplanting.

I shall then report two cases.

First, cases requiring this treatment. I will preface by saying that we must have our patient in the very best possible condition, and our ulcer or sore correspondingly so. We can give our patient tonics, nutritious diet, morphia, to quiet night neuralgais in the sore. As regards the ulcer, if there should be indurated edges they must be removed by poulticing, alternating daily with pressure exerted with adhesive straps over the thickened walls or edges of the sore; and to make the ulcer healthy, I have often found Peruvian bark and creta prep., with a small moiety of calomel mixed with it, sprinkled over the sore twice a day, will soon give the surface of the ulcer a healthy and florid appearance; at the same time all of the above therapeutical plans will cause the margins of the sore and the abrasion to be on a level with the surrounding skin; at this period of our treatment nature will make an effort, as usual, to cicatrize; then is the time the second consideration of our subject begins.

2d. Modus operandi of skin grafting.

Pinch up a small amount of the cuticle from the inside of the arm with a small pair of forceps, and divide it with a small pair of concave scissors, being careful not to draw blood, and get the slip free from adipose tissue; insert this piece of skin into the granulations about one inch from the margin of the sore, and repeat in a similar manner until you have slips within an inch of one another all over the abrasion. The size of the piece of cuticle is not so material; the object to be attained is to have it to grow; and it can't take root unless it be buried into the ulcer. A piece of skin the size of a pin's head is large enough. When the grafts are all inserted, dress the sore with an artificial scab, made of adeps porci, nine ounces, and thickened into a paste with English prepared chalk, twelve ounces, and spread over the sore and margins, retaining it there with a roller or adhesive plaster. Let this dressing remain on for three days, then redress by removing this artificial scab, and wipe the sore with a soft cloth. Right here, gentlemen, permit me to digress, by saying, never use any water in dressing old sores, for it seems to make them take on those horrible nocturnal neuralgias the night following. Then remove your paste carefully and wipe dry; wherever a slip has taken you will notice a small depression at that point, and if you think advisable you can insert other grafts, and dress as before, and so on, until cicatrization is perfected.

3d. How long to continue transplanting.

Until the sore is studded full of grafts, and the ulcer, to all appearance, about well. I would suggest, if the sore is on the lower limb, quietude in the recumbent posture, and the leg elevated, as any pressure upon the ulcer at this time would cause most serious interference with the new granulations, as well as destroy the newly formed cuticle within the sore, which resembles so many small islands in a body of water; these little islands of skin will meet the skin from either side, and thereby bridge the abrasion over. By carefully watching at this stage the new skin will become permanent, so that your patient may be allowed to go about. If the sore is on an upper extremity, the patient can have more liberty to go around. As regards the dietetic plan in these cases, as a general thing, the regimen should be articles of diet containing fat nitrogenized, and phosphatic combinations, together with milk and eggs. Stimulants should be avoided.

REPORT OF TWO CASES.

Mrs. B., aged sixty years, has had an indolent and irritable ulcer covering the dorsum of both feet and extending up the ankles, involving both malleolus processes, with indurated edges around both sores. This woman has suffered considerably, as her present physical condition shows, and she has tried a legion of remedies, as well as a goodly number of physicians, during her long period of illness, but all to no purpose, so far as giving her any permanent relief. The feet would, at times, under a soothing treatment, heal over about one half of the abrasion.

In December, 1875, her husband sent for me, and after taking in her situation and the character of the ulcer, I made the following prescription, viz.:—

R.	Phosphoric acid, diluted,	f.℥ss
	Glycerine, pure,	f.℥j
	Fowler's solution arsenic,	gtts.iij. M.

Sig.—To be taken three times a day after eating.

Locally I used elm poultices every six hours, for two days. Then I began my favorite treat-

ment, in order to give tone as well as a healthy appearance to these sores, consisting of—

℞.	Cinchona pulv.,	ʒj	
	English prepared chalk,	℥j	
	Hyd. sub. mur.,	ʒj.	M.

Sig.—Dust the ulcer and margins over twice a day with this powder.

In a fortnight I had the pleasure of seeing the sore and the surrounding surface on the same plane, with all pain abated and my patient comfortable.

I then began skin grafting, by taking the slips of cuticle from her husband's arm, and inserted about twelve points in each sore at my first operation. I then applied an artificial scab, as before described, and encased the whole with a roller of bandages. I repeated the dressing in a similar manner twice a week, and inserted skin grafts, as I thought advisable, on each visit; in all I must have inserted not less than 100. At the expiration of three weeks I discontinued inserting grafts, because there had taken some ten or twelve points in various places in each ulcer; I simply used the artificial scab, with bandaging, and added one drachm of iodoform to each dressing. After six months' perseverance I had the pleasure of seeing both feet heal up entirely, and they remained so for about one year, when the right one broke out again, in consequence of a stick of wood falling upon it endwise, inflicting an incised wound, about two inches by one inch. This has not healed as yet, but she suffers very little inconvenience with her feet at present.

Case 2.—Mr. W., aged twenty-five years, had a large abrasion of the cuticle, about eight by five inches, caused by a contusion of the calf and the skin of the right leg. This sore had been discharging for something like a year or two, with no apparent hope of cicatrization. When I was called to take charge of the case I found the patient's general health good, but the sore was an extensive one. My first dressings, for three or four days, were chalk, Peruvian bark and calomel, as before described. I then wiped the sore dry and inserted five skin grafts, and dressed as in the first case. In three days I again inserted three more grafts. At the expiration of three weeks I had the pleasure of seeing cicatrization perfected. This man went to work in less than six weeks, driving a team for one of our grocery men. His leg is still well.

Now, gentlemen, I have consulted no work before writing this paper, but simply aimed to give you a few practical thoughts in this connection, leaving out the author of this curative method, and not attempting to make any literary display, in the way of high sounding words or phraseology. You have, doubtless, all tried to heal old sores and large abrasions of the cuticle, and seen the skin almost cicatrize and then slough back; just where it begins to recede by sloughing, if you had previously inserted some grafts, you might have had the pleasure, in a short time, of seeing cicatrization completed. Then, so far as remedies are concerned, in the way of drugs, I verily believe that the various classes can be counted upon the fingers of our hands; but our therapeutics is not confined to drugs only, as this essay has tried to adduce or prove; hence we can launch out into a great field of research, and thereby make discoveries of other remedial agencies, which we can avail ourselves of in the line of our profession, and by so doing make our noble calling a science as well as an art.

Medical Societies.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

At a meeting of the Philadelphia County Medical Society, held at the hall of the College of Physicians, Sept. 11th, 1878, the following resolutions, offered by Professor Gross, were unanimously adopted:—

Whereas, The Philadelphia County Medical Society has heard with profound sorrow of the death of their late fellow member, Dr. Washington L. Atlee, one of the founders of the Society, and at one time its President; and

Whereas, It is meet and proper that we should give expression to our feeling upon an occasion so solemn and impressive as this; therefore

Resolved, That we deeply lament the demise of a man who, for nearly half a century, was a devoted and faithful student of his profession—a profession which he adorned by his private virtues and illustrated by his successful practice as a physician, an obstetrician, and as a gynecologist.

Resolved, That Dr. Atlee, as one of the pioneers in ovariotomy in this country, an operation which he performed nearly four hundred times, rendered most important service in recalling, as he did, the attention of the profession to the practicability and value of that operation, and in placing it upon a firm and permanent basis as one of the established processes of the healing art; at the same time that, by his private labors he conferred immense benefits upon

suffering women by increasing their comfort and prolonging their lives.

Resolved, That as an author and an able thinker his contributions to gynecology and other branches of medicine have shed important light upon the nature and treatment of female diseases, and upon the operations necessary for their cure.

Resolved, That the memory of a physician who accomplished so much for the good of his race should be cherished by his professional brethren as well as the public of which he was so valuable a member, and that his example as a high-toned, honorable and Christian gentleman is worthy of the imitation of all young men engaged in the study and practice of medicine.

Resolved, That we tender to the family of our deceased brother our heartfelt sympathy in their bereavement; and that an engrossed copy of these proceedings, signed by the President and Secretary of this meeting, be sent to them, and copies given also to the medical and secular presses of the city, with a request that they be kind enough to publish them. (Signed)

HENRY H. SMITH, M.D., President.
HENRY LEAMAN, M.D., Secretary.

THE MEDICAL AND SURGICAL SOCIETY OF BALTIMORE.

Aortic Aneurism.

Dr. T. B. Evans visited a lady, age 26 years, and found that she had been vomiting almost incessantly for two weeks. She had no fever; the pulse was normal; there was no pain; but almost everything she took on her stomach was immediately rejected. An inquiry elicited the fact that for some time past she had had occasional cough, with mucous expectoration, also vomiting of matter streaked with blood. On examination the abdomen showed a great depression or hollowness in the epigastric region. At the bottom of the depression pulsations of the aorta could be felt; on application of the stethoscope a blowing sound was heard. Could not discover the existence of a tumor. Is of the opinion that there is an aneurism of the aorta, which, by pressing on the stomach, has led to gastric ulceration. The case forbodes an unfavorable result. Morphia and other medicines administered by the stomach fail to give relief; the hypodermic injection of morphia gives comparative relief from the troublesome vomiting. The complete absence of pain is remarkable.

Drs. Morris and Monmonier called attention to cases of atrophy of the stomach in which aortic pulsations could be felt.

Dr. Caldwell remarked that the case of Dr. Evans reminded him of that of Dr. Vickers, of Brooklyn, who for a year or so before his death suffered attacks of spasm of the œsophagus; later he had frequent spells of vomiting, the stomach became atrophied, and a depression was observed in the epigastric region. It was not suspected that he had aneurism until a few weeks prior to his death, which was occasioned by the bursting of the aneurism.

Scarlatina.

Dr. J. S. Lynch related a case to prove the autochthonous origin of scarlet fever. About two months ago a man fell through a hatchway at the State tobacco warehouse, and received a fracture of the leg. He had been confined to his bed about five weeks when he was taken with a high range of temperature, followed by a scarlet eruption, intense sore throat—later, desquamation, desquamative nephritis and albuminuria—in fact, all the symptoms that would establish beyond doubt the clinical history of scarlatina. Still later, the man, unfortunately, had an attack of pneumonia, which resulted fatally. The post-mortem showed evidences of hypostatic pneumonia; diffuse peritonitis, without effusion; and enlargement, engorgement and inflammation of the kidneys. The patient had never complained of pain or abdominal tenderness.

As he had been confined to his bed about five weeks, of course it was impossible for him to contract the disease by direct contact. At the time Dr. Lynch was not attending any other cases of scarlet fever, neither had the patient's attendants been exposed to the disease. He has seen a scarlet eruption in cases of pyæmia, but in this case he had to exclude pyæmia, inasmuch as its source could not be found in suppuration or pus formation; beside, the case was perfectly typical of scarlet fever.

The Temperature in Cerebral Meningitis.

Dr. B. F. Leonard reported a number of cases of cerebral meningitis, in which he noted a diurnal range in the temperature of $2\frac{1}{2}°$ F.

Fracture of the Cranium.

Dr. T. R. Brown reported the following case: About two weeks previous to the Christmas holidays, a colored drayman had his skull fractured by being struck with a stone. He was carried home in an unconscious condition, and next day came to the out-patient department of the City Hospital. There was a fracture of the frontal bone extending to the coronal suture; the fractured bone was depressed, and through the cleft the brain could be seen pulsating. The patient presented no brain symptoms from the injury. The patient was admitted to the hospital and the wound closed by sutures, and cold water dressing applied. At the expiration of the week he was discharged well, and has remained so ever since. Dr. Brown reported this case to show that our grave anticipations are not always realized, and that energetic surgical interference is not necessary in injuries of the head, unless symptoms of compression are present. Dr. Brown also spoke of the symptoms by which fracture of different parts of the skull were accompanied. Thus, when the fracture is in the anterior fossa, there is subconjunctival hemorrhage; when in the middle

fossa, auricular hemorrhage; and when in the posterior fossa, nasal hemorrhage. These symptoms have obtained so uniformly in his experience that they are of diagnostic value in the differentiation of the various forms of fracture of the cranium.

Dr. Bates relates the case of a child, age two years, who fell from a third story window; the skull was flattened, convulsions ensued, but on the third day the child had entirely recovered and has since remained well.

Epileptiform Neuralgia (Trousseau).

Dr. A. B. Arnold related a case which he considered epileptiform neuralgia. A man, forty years of age, has had for eleven years facial neuralgia of the left side, particularly about the forehead and eye. The pain is intense. The attacks come on suddenly and last not over ten minutes, frequently not more than five. The periods of the attacks are irregular. Within the last year and a half other symptoms have made their appearance. Attacks of acute delirium, lasting from ten to fifteen minutes, come on at irregular intervals, sometimes as often as three or four times, at others not over two or three times a week. Like the paroxysms of pain, these attacks of delirium come on without warning. If the patient is engaged in conversation, he all at once stops speaking, bows his head, and begins humming a tune; he does not sing, but merely hums. If interrupted he flies into a violent passion. This mental aberration passes off as suddenly as it came on, and the individual resumes the conversation where it was interrupted. The paroxysms are all alike; the monotony is never varied. In consequence of this trouble, the patient is unfitted for business. In Dr. Arnold's opinion the case is intra-cranial. The neuropathic disposition is well marked in the patient's family. The prognosis is as bad as the affection is incurable. In the way of treatment nearly everything has been tried. He has taken pounds of the bromide of potassium; the other bromides, belladonna, gelsemium and all the narcotics have been tried, and seemed but to aggravate the suffering. He has had tonics with no avail. The only remedy which seemed of any value was morphia hypodermically. This relieved pain during the paroxysms, but did not prevent their occurrence.

Injury of the Eye and Extirpation of the Eye.

Dr. Theobald related the following case: I. M. E., mechanic, eighteen months since was struck in the left eye by a fragment of iron flying from a hammer which he was using. Severe inflammation followed, and the sight became greatly impaired. When first seen, some weeks since, the eye was greatly inflamed and very painful. There was a dense white cataract and adhesion between the iris and lens. A four-grain solution of atropia had no effect upon the pupil. The patient did not believe that the iron had entered the eye. Under the influence of the atropia the pain and inflammation subsided somewhat, but the patient received a blow in the eye some days since, and from that time the pain and inflammation became more intense. There was imperfect perception of light. For several days the healthy eye has shown symptoms of commencing sympathetic inflammation—a slight injection, marked photophobia and lachrymation. To arrest the sympathetic trouble, the injured eye was enucleated, and the specimen exhibited to the Society. Lying upon the ciliary body, in the lower quadrant of the eye, may be seen the fragment of iron, about one and a half millimetres in length; and at the outer ciliary border of the iris the wound of entrance can be distinguished. The vitreous was semi fluid.

BRITISH MEDICAL ASSOCIATION.

(*Continued from page* 198.)

The meeting passed off more quietly than usual, and there were not so many scientific papers as generally. The only excitement was in reference to the admission of women. It was refused, by a large majority, in spite of the very able plea of one of the female members, Mrs. Garrett Anderson. As her remarks are barely alluded to in most of the English medical papers, they will doubtless be read with the more interest in the United States, where the cause she advocates has outgrown its minority.

She dealt with the question from an impersonal point of view, and as a question of public medical policy. In the articles of association, the British Medical Association was stated to be founded with two objects—the promotion of medical science, and the promotion of the interests of the profession. With regard to the first object, no one could say that medical science would be promoted by excluding from the Association a body of honest and painstaking workers, who would bring to the study of many important problems some experience essentially different from that of male practitioners. For example, in that large and difficult class of ailments, the functional nervous diseases of women, reaching up to extreme hysteria, was it not likely that medical women would see a great deal of this group of ailments, and could form an opinion as to origin and treatment which it would be more for the advantage of medical science that it should be heard and discussed than suppressed? If the Association existed to promote science, it should be promoted generally, and not partially. If women were *bonâ fide* members of the profession, and really pursuing, not merely the trade, but the *cultus* of medicine, they had a right to claim that medical men should be no less solicitous about the advance of medical women than about their own. Every fresh wave of progress which resulted from the impulse of mind upon mind, from discussion, and contrasted experience, should be for the benefit of women practitioners as well as men. It could not help to promote medical science, to hinder any pursuing it from going so far as they might go if allowed the stimulus of professional

or corporate life. Then, with respect, to the second object of the Association, the promotion of professional interests: interpreting this to mean that the Association was to be a point of professional union, and an articulate voice to guard its interests, she urged that these purposes applied to women practitioners as well as to men; and surely men practitioners would not want women to be placed so that they should be ready to do the largest amount of work for the smallest price! Yet, how could men look for a spirit of comradeship, or regard for the common professional weal. If the men refused women admission to the Association, there would be created in them the spirit of antagonism and self-assertion. She also spoke at length of the strength and vitality of the movement for the education of medical women, and urged the Association not to break off all its own best traditions by refusing fellowship to members of the profession not in themselves unworthy of it.

In spite of her plea, her party was decidedly outvoted by the Association, and for the present it can have no more female members.

In the various Sections a number of reports and articles were presented, abstracts of the more interesting of which we here give.

SECTION A—MEDICINE.

The president of this section was Dr. T. Grainger Stewart. The topic for discussion was

Intestinal Obstruction.

On which Mr. Jonathan Hutchinson opened in a paper in which he claimed that cases of mechanical obstruction are really surgical and not medical cases; but he condemned exploratory operations, when the cause of the obstruction cannot be diagnosed. On the other hand he added:—

"If, however, we turn to certain cases in which the precise cause of obstruction is definitely diagnosed, then a very different decision must be arrived at. In cases of invagination, when the included tract is long, and when other measures have been exhausted, abdominal section is probably the best method of treatment. Here the surgeon knows what he is going to attempt, and that, in the majority of cases, it can be easily accomplished. The operation is justifiable at a comparatively early stage, when there is not much risk of rupture of the bowel, and but little difficulty may be expected in getting the contents back into the abdomen. Yet even here the operator encounters the discouragement of knowing that Nature is competent to the cure by sphacelus of some of the most desperate forms of intussusception, and it is not yet settled whether leaving them to this chance involves less or more risk than operating. My own opinion is, however, definite; and in any such case, enemata, insufflation and other measures, having had patient and repeated trials, I should not hesitate to open the abdomen. I have done this in two cases, and in one of them with perfect success; and successful cases have also been recorded by Mr. Howard Marsh, Mr. Howse, and other surgeons. In the peculiar form of intussusception beginning at the cæcum and advancing until the inverted ileo-cæcal valve presents at the child's anus, I should suspect that an operation will always be required, for I know of no reliable record of the recovery of such a case, either by gangrene or by the measures to which we may apply the name of rectal taxis."

He was followed by Dr. L. Fox, who related the history of two cases of internal strangulation, in which recovery had taken place from sudden and violent change of posture. He referred to the frequency of cancer as a cause of gradual occlusion of the bowel, and to diarrhœa as being an early symptom of this condition. Two cases of blocking the intestine by the growth of colloid cancer were spoken of, and the advantages of any surgical interference in such cases was contrasted with the cautious use of aperient waters and belladonna. Obstruction by cicatricial stenoses and by foreign bodies was touched upon, and the value of the induced current in localized paralysis of the gut insisted on. A brief *résumé* was given of the chief points in intussusception of the bowel, and the value of some important symptoms—vomiting, pain, meteorism, hemorrhage, and constipation—in the diagnosis of the various causes of obstruction was commented upon.

Dr. Norman Kerr gave some instances of the value of large doses of belladonna in intestinal obstruction.

Dr. E. Markham Skerritt, speaking of the occasional latency of symptoms in such affections, gave as the results of his experience—

1. An entire absence of acute symptoms may coexist with an intense local inflammation; and, therefore, it is prudent, in all cases of intestinal obstruction, to adopt treatment consistent with this knowledge.

2. If, in a case of intestinal obstruction, urgent symptoms are in abeyance, this is so far in favor of the view that the obstruction is either non-acute, or, if acute, is not to be relieved by operation.

I have been induced to bring this paper before you, in order that I may learn how far my experience in acute abdominal affections has been consistent with that of members present who are far better qualified than myself to speak authoritatively upon this subject.

Dr. Andrew (Shrewsbury) showed the post-mortem specimen taken from a case of malignant stricture, just above the cæcum, in a gentleman aged seventy-three. Aching pain in the abdomen, and sickness, with almost fecal vomiting, were the first symptoms. The abdomen was only full over the cæcum, and the pulse and temperature were normal. The abdomen gradually increased; the fecal vomiting returned; but the patient was kept fairly comfortable by belladonna and opium combined. He died after some weeks, and Dr. Andrew's diagnosis proved correct; but the disease was rather higher up than he had supposed. He

believed great weight could be placed on temperature, if there were no vomiting, which reduced temperature. There were very few cases of small intestinal obstruction without rise of temperature and pulse. In such cases, an artificial anus in the ileum was to be considered. He alluded to another case, in which the obstruction was removed by a large dose of strychnia (given by mistake). Convulsions ensued, and the patient was relieved.

Mr. Denton (Leicester) mentioned a case of obstruction in a pregnant woman. It occurred after exertion, and fecal vomiting quickly ensued. The point arose: Did the gravid uterus ever induce obstruction? Also: Should he induce labor? He decided in the negative, and simple treatment brought a cure.

Dr. O'Connor (Cork) spoke as to the difficulties of diagnosis and prognosis. A cure in fecal accumulation is almost certain. A palpable tumor is valuable. An examination of the fæces is very useful to determine which are recent, which not. When you have got rid of the tumor which fæces may cause, and find there is still a mass left, your prognosis would be unfavorable. He related the case of a lady who came to him with grumous bloody discharge per anum. Two large, round, hard masses were discovered in the rectum—lumps of magnesia, which drug she had taken in large quantities. These were removed, and she was cured.

Dr. A. P. Stewart bore evidence as to the value of inspection of the fæces, and alluded to cases of fecal accumulation of twenty days' standing. The stethoscope and enema together were valuable in diagnosis. He used to apply belladonna over the abdomen, and now he employed enemata of belladonna in every case of intestinal obstruction from the first; in simple cases always with success. One case of stricture of colon, which afterward resulted in death, was relieved for a time by enemata. Stress was laid upon the dangers of the O'Beirne's tube.

Dr. Elliston strongly recommended the syphon enema above all others.

Dr. Totherick related a case in which thirty ounces of sweet oil was injected per anum, the patient being placed on his hands and knees. He recovered. Oleaginous matter was vomited after the enema.

Dr. Clifford Allbutt remarked that too much stress should not be laid on the rapidity with which symptoms came on. In chronic cases, such as cancer, acute symptoms may usher in any knowledge of the case. In chronic cases, however, there is compensating hypertrophy of the intestines above the seat of disease, and the coils of hypertrophied bowel can generally be seen; beside, the stools are generally voluminous. If we knew that a band or twist were present, we should open the abdomen to give the patient a chance. He had known such cases successful. He would leave alone most of the cases of intussusception. He met with the case of a little boy, who, eight days before, had pain and evidence of obstruction, and peritonitis. He was soon better, but a dose of oil brought back the symptoms. It was then found that the ileo-cæcal valve and the whole of the colon were in the rectum. The child was kept under large doses of opium, and in two months recovered. He should advise operation, especially in young people. He believed injections were useful only in fecal accumulations; certainly they were of little use in intussusceptions, and most dangerous in twists or obstructions by bands. He would not say do nothing, as a rule; only a few things, such as rest and the use of opium. He had punctured the distended intestine for many years with a small trocar, simply to relieve distention, which it did; but would not advise puncture of intestine in laparotomy cases.

(*To be Continued.*)

Editorial Department.

Periscope.

The Successful Treatment of the Opium Habit.

In an article in the *Virginia Medical Monthly*, for July, Dr. Ed. F. Mann writes:—

The opium habit will yield to proper treatment, and can be thoroughly eradicated if the patient will put himself under the necessary control, and desires a cure himself; but even with the best of medical treatment, the *medicina temporis* alluded to by Cicero is an important element in the cure of the opium habit. By a slow reductionary course of treatment—the dose of opium being diminished gradually—thus avoiding much suffering and nervous prostration, and as a substitutional stimulant, and sedative to the nervous system, the daily use of *electricity*, in the writer's hands, has proved, and is at the present time proving, in one of the most intractable cases, a sure and efficient means of stimulating the central nervous system, and also invigorating it, so that the withdrawal of the opium is attended with very little suffering to the patient. Not only does the stimulating and tonic properties of electricity take the place, to the nervous system, of the opium, but it directly diminishes the appetite for it, in the same manner as it does of alcoholic inebriety, where our patients have repeatedly told us that they no longer felt the craving for the alcoholic stimulus.

The patient just referred to as a difficult case for treatment has been in the habit of taking opium for *thirty-five years*, until *two* hundred grains were taken daily, together with two hundred and forty grains of chloral. This patient was admitted, on the verge of insanity, with defective memory, staggering gait, defective articulation, complete loss of muscular power and maniacal excitement. He had delusions of fear and persecution, and was suspicious of all about him, and the whole condition of the nervous system was pitiable in the extreme. After the first day the chloral was entirely withdrawn, and nerve tonics, together with strong beef tea and milk, alternated at short intervals, were given. The stomach soon became quiet, and the systematic use of electricity was at once commenced. The induced Faradic current was applied to the central nervous system, applications being made to the brain, spinal cord and sympathetic nerve. To quiet the cerebral excitement, the constant or galvanic current was applied for three or four minutes to the bi-temporal region, with the most gratifying results—the patient becoming quiet, and a distinctly sedative action was at once obtained. A very weak current only is admissible to the bi-temporal region; four cells of a freshly charged battery being amply sufficient to induce the desired quieting effects. The citrate of caffeine in two-grain doses has also a decidedly counteractive influence to the effects induced by opium, and is a valuable adjunct to treatment.

The Muscular Powers of the Uterus and Vagina.

Dr. R. J. Nunn writes, in a letter to the Atlanta *Medical and Surgical Journal*, for June—

For some time I have been investigating, as opportunity offered, the very remarkable powers of suction, retention and expulsion, voluntary and involuntary, possessed by the vaginal walls. In particular, the value of the voluntary muscular efforts of the parturient female is recognized, but such, I think, is not the case with similar powers possessed by these organs in their normal condition, or, if it has been, it has fallen into obscurity, and is not given that prominence as a remedial agent in cases of displacement of the uterus to which I consider it to be justly entitled.

The degree of force and of capacity varies in different individuals. The former is rather difficult to estimate, requiring the construction of special instruments, which I have not yet been able to perfect. At present, therefore, I can do little more than state the fact. The greatest capacity, or power of retention of fluid (water), which has come to my knowledge, is half a pint, and this case I obtained through Dr. H. E. Gantillon, Paris, who has kindly consented to aid me in these investigations. Gynæcologists can easily investigate this subject for themselves, but they will find many women who do not possess this power, or, rather, who do not know how to exert it. They must, therefore, be prepared to exercise a little patience in their research, for, like all other voluntary muscular action, it can be increased by practice, and ultimately become, not involuntary, but unconscious muscular action.

To me it appears to be a mistake to look upon the uterus as wholly an inert organ, subject only to the laws of gravitation, etc., to be pushed about at will, and supported by mechanical contrivances alone, without consulting the voluntary efforts of the patient to aid in its support, or without instructing her how to utilize those voluntary muscular efforts to assist in replacing a displaced uterus; and, again, it is highly important that she should be informed how to avoid those expulsive movements which would aggravate her condition, if not absolutely cause it.

This remarkable power, when applied to the inhalation and exhalation of air, as I have seen it, offers an explanation of many phenomena, such as the crying of a child "in utero," etc., and might give rise to some curious questions in jurisprudence.

It is by no means my intention to propose this as a means intended to supersede the several treatments at present employed, but to suggest it as a most important adjunct in this class of troublesome diseases, whose treatment is, on the whole, most unsatisfactory. Many displacements I conceive to be more or less the result of a vicious habit, like round shoulders or stoops, and to be capable of amelioration by similar means.

The Relation of Albuminuria During Pregnancy to Puerperal Convulsions.

In a discussion at the New York Obstetrical Society, Dr. Noeggerath said that at a previous meeting it had been stated that thirty per cent. of pregnant women had albuminuria. He thought the proportion was not greater than thirteen or fourteen per cent. It had been further stated that it was safe to treat cases of albuminuria, during pregnancy, by saline diuretics. He had often seen such cases too late. Under certain circumstances, if albumen was present, it was proper to induce labor as rapidly as possible. It was neither the amount of albumen nor of other constituents of the urine which indicated the immediate danger of convulsions. He considered two conditions ominous: I. Albuminuria coexisting with anæmia, or hydræmia. II. Albuminuria coexisting with some nervous disturbance, as severe headache, or dimness of sight. Another dangerous class was that in which albuminuria occurred in very plethoric subjects, where the pulse was very full and hard. If, however, a patient in ordinary health was found to have a slight amount of albumen in the urine, there was no objection to waiting until remedies had been tried. There was only one reliable remedy—Tarnier's treatment by skimmed milk. He had seen albumen diminish considerably within three days, under

its use. Another remedy he was astonished not to hear spoken of was chloral. He mentioned a case in which the albumen disappeared from the urine as long as chloral was given, and reappeared as soon as it was stopped. There were different forms of albuminuria. That of pregnancy was not the same as that which caused the serous effusion of dropsy. Chloral had, perhaps, some influence in changing the character of the albumen.

Reviews and Book Notices.

BOOK NOTICES.

A Practical Treatise on the Medical and Surgical Uses of Electricity, including Localized and General Faradization, Localized and General Galvanization, Electrolysis and Galvano-cautery. By George A. Beard, A. M., M. D., and A. D. Rockwell, A. M., M. D., etc. Second edition. New York, William Wood & Co. pp. 794.

The first edition of this work appeared in 1871, and soon took rank as a leading treatise on the special branch with which it dealt. The authors have given a great deal of attention to the preparation of this second edition, enlarging and mostly rewriting the previous one, and aiming to include all the results which, up to the present, have been attained in electro-therapeutics. Electro-physics have also come in for a large share of attention, and every effort has been made to render this difficult and generally distasteful part of the subject comprehensible to all readers who will devote to its study a sufficient share of time and work. Electro-surgery, a comparatively new branch, receives very full treatment, more so than in any other work in the language we can recall. Much of it is, to be sure, merely tentative as yet, but that there is a future before investigations of this sort, cannot be doubted. Of course, those forms of electrical treatment known as general electrization and central galvanization, of which the authors may claim to be the inventors, are described in full detail, and are, moreover, endorsed and supported by the reports of other therapeutists, who have made use of them.

It has always been the case that electricity is an unmanageable and disappointing agent in the hands of the general practitioner. We have no doubt this will continue to be the case; we fully believe it must become a strict specialty, confined to few, and to institutions devoted to the purpose; but it is altogether to be desired that all practitioners acquaint themselves with its theories, and with the results that, in skilled hands, and under favoring surroundings, it is capable of producing.

A Clinical History of the Medical and Surgical Diseases of Women. By Robert Barnes, M.D., London. Second American, from the second and revised London edition. With 181 illustrations. Philadelphia, Henry C. Lea, 1878. 1 vol., 8vo, pp. 784.

The author of this work is too well known to the American medical public to need an introduction; and the former edition of his book is too familiar to demand for this one any lengthened description. The present issue is not increased in size, but has been carefully revised by the author, and a variety of new matter added, in the place of what previously was redundant, or has already become obsolete by the rapid march of that branch of medicine.

Dr. Barnes does not belong to the hardy innovators in science; he is rather conservative, and hence is always safe. He gives a very lukewarm sanction to such operations as "normal ovariatomy," amputation of the uterus, and such daring undertakings. In regard to pessaries, in spite of the thousands of new forms he falls back on Hodge's lever as having "the least amount of drawbacks;" and passing by the seductions of the hundreds of new devices for speculums, he prefers, for general use, that long since invented by Cusco. Yet he is far from illiberal in his notices of even what he does not endorse; and on several topics where we expected to find positive condemnation, we were pleased to meet a fair statement of the question, and a recommendation to hold the matter "under advisement" until a fuller experience and a wider application would pronounce definitely on the success or failure of the proposal.

The interest which is manifested in gynecology is justified by the great importance to the community of healthy mothers—women strong to bear the burdens of maternity, and equal to the calls of social life. Such works as this are sure to aid to this end.

It is well printed, on excellent paper, and is in a fair, clear type.

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THE VARIED PLANS OF PAYING THE DOCTOR.

There is a branch of the profession of medicine on which we don't remember to have heard a single lecture, and which, too, as lecturers are wont to say, "you won't find in the books;" and yet even that pervading type, "the busy practitioner," gives it no slight share of his time and attention. This momentous branch is *how to get best paid for one's labor.*

Not few are the projects devised to accomplish this. A few years back, in this country, before the general upheaval of business values, a "fee-bill" was the customary plan; a fixed sum to be charged per visit, per operation, per mile, and the like. Most Societies formally adopted such, and the profession of a locality usually attempted to carry them out, and adjusted their charges in accordance with them. We have known conscientious physicians who made out all their bills, even to their poorest patients, in accordance with the maximum rate of the fee-bill; if the accounts were paid without grumbling, so much the better; if complaint was made, the doctor solemnly pointed to the printed schedule, explained its serious and binding import, but proceeded to offer to receipt for a half or a third of the amount, in view of the impecuniosity alleged. Thus he always got the most possible, and when he made a reduction, had due credit for his benevolence.

But of late years "fee bills" have fallen into desuetude. Courts have pronounced them not binding in law, and of no account, even as showing "custom." The general rule now is to "charge what you think you can get." Measure the length of your bill by the depth of your patient's purse. If he is recalcitrant, you can sue him, and if your lawyer is skillful, you are likely enough to gain your case.

The public, however, have recently shown symptoms of dissatisfaction with this easy system. In some quarters it has been alleged to resemble the ancient law of property so

highly esteemed by Rob Roy and his compeers—

> "The good old rule, the simple plan,
> That he should take who has the power,
> And he should keep who can."

Hence, efforts have been made to fix doctors' charges in some definite manner. In cities and large towns associations of various kinds have taken kindly to employing a physician for all members of their families at a stipulated rate per visit. Heads of households have sometimes agreed to pay so much a year for medical attendance, whether more or less is required. Provident dispensaries have become very popular in England, where, for a low weekly rate, persons can obtain, during illness, both medicines and medical attendance. A writer in the *Evolution*, a journal of "progressive thought," not long since took the position that all medical attendance should be furnished by the State, and all physicians regularly salaried by the government, so many to a city or district, according to population. One reason he urged for this was that, as matters stand, there is too obvious a discrepancy between the physician's and the patient's interest, it being to the advantage of the former and the detriment of the latter to increase unduly the frequency of visits.

This, too, seems to have been an ever present suspicion in the minds of that very shrewd and practical people, the Chinese. It is said they usually pay their doctor a weekly stipend while in good health, which, however, ceases when they take sick. But a Yankee doctor has made an improvement on this plan, which is worthy of note. We learn it from a daily paper, in the following extract:—

"A Springfield (Mass.) physician has an arrangement whereby he is paid for giving hygienic advice and suggesting preventives of disease. He has fifty patients to keep well, at $3 a year each. If he is required to visit them, half the usual fees are charged. The understanding has existed two years."

The arrangement is a good one. It meets the ever-present difficulty of securing the personal application of hygienic laws; it unites the interests of patient and physician; it secures to the latter a knowledge of his patient's system and habits in health, often a matter of great importance to proper treatment. We could, however, suggest one or two improvements; for instance, if the patient fell sick through the deliberate violation of the hygienic precepts given him, he ought to agree to pay double the usual fees; and it is certainly worth more than $3.00 a year to secure the efforts of a physician to keep a man in good health. But we leave this interesting subject for suggestions from our readers.

Notes and Comments.

Impure Medicines.

That very much of the uncertainty in therapeutics is owing to inferior and adulterated drugs, is only too evident. Dr. Liebreich has publicly condemned much of the chloral in market, and Prof. Tichborne, of Dublin, says, in a recent report—

"Some time since I had to perform experiments, pathologically and otherwise, with atropia. The English specimen proved itself, at the lowest computation, six times as strong as the German. How is the physician to regulate his dose in such a case, where one-fiftieth of a grain will produce a marked result?" And again, referring to a series of specimens of extract of colocynth of the most various degrees of activity, he observes: "In a substance in which the medical man depends upon a dose of two to eight grains, this presents a wonderful range of active principle, from fourteen per cent. to two-and-a-half per cent." The same inequality prevails, only to a greater extent, in this country.

Diarrhœa in Children.

A not altogether new, but good and simple, plan of treating infantile diarrhœa is recommended by Dr. Black, in a late number of the *Journal de Therapeutique.*

Whatever be the nature of the diarrhœa, its origin, its intensity, or the time elapsed since its inception, the treatment which the author proposes, modified according to the cases, and which has constantly been successful in his hands, is as follows:—

1st. Diminution of the nourishment; appro-

priate injections repeated as required; and the application of poultices to the belly.

2d. Administer each morning, for three, four, or five days in succession, a small teaspoonful of a mixture of equal parts of castor oil and syrup of acacia, simply emulsionized by shaking the bottle at the time of giving the medicine.

In order that this medication may produce a curative effect it is necessary to give the mixture in very small doses, and to repeat its employment for several days in succession. Three or four days running is generally sufficient to modify the nature of the stools and to diminish their number. If after two days' treatment the diarrhœa is moderated without disappearing it should be suspended for a day, and then the same dose should be resumed, but after a day's interval.

Dr. Martin's Bandage for Ulcers.

The bandage described by Dr. H. A. Martin in the last volume of the "Transactions of the American Medical Association" has been tried successfully by a number of surgeons. Dr. William A. Byrd, for instance, of Quincy, Ill., writes to the *American Medical Biweekly*—

I have treated quite a number of patients after Dr. Martin's method, with but one failure, and that case should not count, as it was an obstinate old woman with hardly blood enough to sustain life, who was so contrarily disposed as to be unmanageable at the hospital. She had a large ulcer of several years' duration just above the left ankle, caused by chronic eczema. The eczema got rapidly well under the rubber bandage, the ulcer improved in appearance and size, but as she persistently changed the bandage for ointments and other applications, I permitted her to take full charge of the case.

Effects of Excessive Beer Drinking.

Dr. Boens, of Belgium, says, in a recent memoir quoted in the Dublin *Journal of Medical Sciences*—

The drunkenness produced by beer differs from the drunkenness occasioned by the use of the stronger alcoholic beverages or wines. In the first case there is collapse of organic and muscular strength, sometimes even from the very beginning. In the second there is more of a general excitement of the circulation and of the nervous system.

Among subjects having a predisposition to certain diseases, or suffering from organic lesions, as well as in persons of a sound and healthy constitution, but who drink too much beer, drunkenness is sometimes complicated with intercurrent accidents, severe enough, occasionally, to endanger life, at times to leave behind them incurable infirmities, such as epilepsy, deafness, total or partial paralysis of the extremities.

Thermometry as a Guide in Detecting Miliary Tubercle.

It is stated in *Il Morgagni* that the "inverse" type of the body temperature, that is to say, a high degree in the morning, and a lower one at night, is a symptom of great clinical value in the diagnosis of miliary tuberculosis, either acute or consecutive to caseous pneumonia. Out of seventy-one subjects dead from phthisis, Prof. Prunniche has noted this type of temperature in the proportion of 63 per cent.

In the subjects who had succumbed to caseous pneumonia without miliary tubercles the proportion was 25 per cent., while in the caseous pneumonias with miliary tubercles the proportion rose to 85 per cent.

Modern View of Conscience.

A writer in the *British Medical Journal* complains that Dr. Henry Maudsley has not left us much of a conscience. "Conscience," says Maudsley, "is a function of organization, the highest and most delicate function of the highest and most complete development thereof." This, if taken literally, abolishes morality and reduces man to a machine. On such a view there could be no difference between crime and insanity at all. A man could do no other acts than those he has done. It would be absurd for others to blame him, and for himself to feel remorse, except in so far as that also would be a morbid symptom.

This is pushing physiological psychology to the extreme.

Composition of Gases.

In a recent paper Profs. G. J. Stoney and J. E. Reynolds say that gases are composed of an almost infinite number of minute particles constantly moving in various directions among themselves. They have, however, other regular motions in lines. Those motions indicate harmonic or quasi-harmonic vibrations. It is not possible to say which. Some idea might be formed of the rapidity and minuteness of these

vibrations from the fact that in one gas 80,000,000,000, and in another 22,800,000,000,000 occur in the course of a single second. In illustration of this marvelous statement, Mr. Stoney exhibited, in a diagram, the spectra obtained in the case of chloro-chromic anhydride.

CORRESPONDENCE.

The Theory of Malarial Poisoning.

ED. MED. AND SURG. REPORTER :—

I had hoped there would be no occasion for me to take any notice of criticisms that might be made of my communication, which appeared in the REPORTER, of March, 23d. But T. J. Scott, M.D., of Arkansas, in No. 1, of present volume has so misunderstood me, that I am compelled to take some notice of his letter.

In the outstart, he says I favor the "humoralistic teaching of Andral," while there is not a word to convey that impression, but on the contrary my whole theory is the reverse of it. He then quotes me thus: "The profession has, for ages, attributed all periodical fevers to the action of miasma, absorbed and taken up into the circulation; a theory I have not, from observation and experience, been able to endorse."

The sentence correctly quoted would read thus: "The profession has, for ages, with one accord, attributed all periodic fevers to the effect of miasma, a specific poison, absorbed and taken in the circulation of the blood, thereby chemically changing and contaminating it, a theory I have never been able to reconcile with the character of the disease." I beg you to notice the difference; here the doctor not only takes from me words, but attributes such to me as I did not use. He certainly must have quoted merely from memory.

He again quotes me, in part, while the context will give a different sense to the reading. After making his quotation above, he asks a comparison of it with the following penned quotation. "I will submit, as a fact demonstrable, that the blood is simply a vehicle which conveys the morbific agent." The sentence in my communication reads thus: "In the first place, I cannot admit, and must deny, that malarial fever is a blood disease; and will submit, as a fact demonstrable, that the blood is simply the vehicle which conveys the morbific agent." etc. "The advocates of the chemical hypothesis contend that the constituents of the blood become altered and contaminated by the peculiar miasm or virus, but when such blood is introduced into the circulation of a healthy individual, it gives rise to nothing like the original disease." He again quotes me: "The morbific agent called malaria is conveyed through the circulation of the blood to the nervous system, for which it has an elective affinity." No such sentence as this appears in my communication, and why he should have manufactured one to suit his convenience I cannot conceive. He then proceeds to prove, by reference to Vaudeen, Stilling and Vallani, that no poison has been discovered in the circulation of animals destroyed by the effects of malaria; thereby endeavoring to make it appear that I advocated an adverse theory. I distinctly claimed, and started out with that idea most prominent, that the blood is not contaminated by the poison called malaria. Yet, here he comes, notwithstanding all this, with an inference merely, of his own drawing, to fasten upon me.

In the Doctor's eagerness to criticise me, he has brought to my aid some convincing proof of my position. He elaborates considerably on the manner by which the system is affected by impressions made upon the sentient extremities of nerves, and claims that there must be a circuit of reflex action, through a nervous centre; but where this nervous centre *is*, he fails to define. He further claims that morbific as well as all other agents of positive virtues make their impressions upon the sentient extremities of nerves, and are transmitted by reflex action, to a nervous centre, where a power is developed, known as the "nervous power." Does this "nervous power" exist naturally, or is it only developed by virtue of agents applied to the sentient nerves? He should have defined himself more clearly.

Dr. Dowler, of New Orleans, after instituting a series of experiments on the alligator, demonstrated, in the clearest manner, that the operations of the muscles can be influenced, independent of the nervous centre, or by virtue of any reflex action. Dr. Dowler divided the muscles of the neck, the cervical vertebra, and the spinal cord, also the spinal cord between the shoulders and hips, destroyed the sympathetic nerve, and "yet for a period of more than two hours the alligator exhibited *complete intelligence, volition, and voluntary motion in each and all divisions of the body. It saw, felt, and defended itself; showed anger, fear, and even friendly attentions to its keeper, a black boy.*" After concluding numerous other experiments of a similar nature, Dr. Dowler concluded thus: "That voluntary motion is neither directly communicated from nor regulated by the brain, or the cerebellum; that the muscles in connection with the spinal marrow perform voluntary motions for hours after having been severed from the brain; that these motions are not only entirely independent of the brain, but may take place, though imperfectly, after the destruction of the cord itself; *that the trunk, as well as the brain, thinks, feels, and wills, or displays psychological phenomena; that the sensorium is not restricted to a single point, but is diffused, though unequally or in a diminished degree, in the periphery of the body, and that actions which take place after decapitations, as described above, are in absolute contrast to reflex action, being sensational, con-*

sentaneous and voluntary, and in other respects dissimilar."

I quote the above, not with the view of endorsing, or establishing a theory of my own, but merely to show that the theory of reflex action is not universally accepted, and that Dr. Dowler explodes the chimera of "nervous power."

Either Alston or Gallais holds that "Injurious impressions may be made upon the extreme nerves, either by deleterious matters absorbed into the blood, and brought into direct contact with them, or by certain external applications, like electricity, magnetism, heat, cold and exercise."

So far as the operations of the nervous system are concerned, we can quote authorities to establish almost any theory, and so varied are the conclusions of eminent physiologists, that I am constrained to apply the following, not over elegant, but expressive lines—

"No one can tell, nor no one knows
How oats, peas, beans or barley grows."

I do not ignore the "absorption theory," and not a word or line in my communication can convey that impression to a reasonable and intelligent mind.

The "chemical theory" is what I have not endorsed, and I kept that idea prominent throughout. The main point I endeavored to discuss was the pathology of the agent that produces ague, and my critic has unconsciously accorded me right in that, and has not made an effort to dissent from my views.

I had no desire or inclination to dissert on the physiology of the nervous system, as that will require more time and capacity than I possess, to do justice to the subject.

A. S. Stonebraker, M.D.

Waco, Texas, Aug. 25th, 1878.

News and Miscellany.

Deaths of Physicians from Yellow Fever.

The following physicians have fallen victims to the pestilence:—

Grenada, Miss.—August 19th, Dr. Milton and Dr. Hawkins. September 1st, Dr. W. W. Hall, Dr. Hughes. September 5th, Dr. Gillespie. September 7th, Dr. E. J. Hughes. September 13th, Dr. May.

Memphis, Tenn.—August 21st, Dr. F. Sarner. August 25th, Dr. John C. Rogers. August 28th, Dr. Hopson. August 30th, Dr. K. T. Watson. September 2d, Dr. L. R. Laske. September 4th, Dr. W. R. Hodges. September 7th, Dr. T. M. Dickinson. September 8th, Dr. R. B. Williams and Dr. Mead, a volunteer from Kentucky. September 13th, Dr. J. B. Woodward. September 15th, Dr. McGregor, of Tipton Co. September 16th, Dr. T. L. Bond, of Brownsville; Dr. Menees, of Nashville; Dr. J. R. Renner, of Indianapolis, Ind. September 17th, Dr. John Erskine, Health Officer; Dr. J. E. Penn. September 18th, Dr. J. B. Hicks and Dr. J. S. Bankson.

Vicksburg, Miss.—August 28th, Dr. Booth. September 6th, Dr. P. F. Whitehead, Dr Potts and Dr. Bichfeldt, of Chattanooga.

New Orleans, La.—September 2d. Dr. J. G. Byrne. September 12th, Dr. Herndon.

Canton, Miss.—August 23d, Nathan McGee. September 1st, Dr. M. J. McKee. September 17th, A. F. Cage,

Holly Springs Miss.—September 17th, Dr. F. M. Fennell.

Hickman, Ky.—September 13th, Dr. J. D. Woodward.

Reports of Epidemics for Week Ending September 21st, 1878.

Reported by the U. S. Marine Hospital Service.

Vicksburg.—Epidemic abating. There were 121 deaths during the week ended yesterday evening, a decrease of 113 deaths from the week before. 11 deaths occurred in the last twenty-four hours. Total deaths to date 721.

New Orleans.—During the week ended yesterday noon there were 1401 cases of yellow fever and 445 deaths, a decrease of 172 cases and 85 deaths as compared with previous week. In the last twenty-four hours reported there were 165 cases and 69 deaths. Total cases 7538, deaths 2368.

Baton Rouge, La.—The first case of yellow fever reported to the Board of Health occurred on the 14th of August. A previous case, not reported to the Board, but thought to have been yellow fever, occurred August 10th. First death August 18th. To 9 A. M. yesterday there had been 672 cases and 39 deaths.

Morgan City, La.—During the week ended yesterday evening, there were 41 cases of yellow fever and 10 deaths, making in all 66 cases and 18 deaths.

Mobile, Ala.—4 cases of yellow fever and 2 deaths occurred during the past week, making in all 6 cases and 4 deaths.

Grenada, Miss.—For the week ended yesterday evening there were 20 new cases and 37 deaths. Total deaths to date, 271. No decrease in virulence of the fever. Dr. Henry Stone, of Natchez, is the only physician on duty.

Pass Christian, Miss.—From September 9th to 20th, A. M., there were 6 new cases of yellow fever and no deaths. Total cases 21, deaths 1.

Biloxi, Miss.—20 cases of yellow fever and 7 deaths have occurred to Sept. 20th.

Ocean Springs, Miss.—There were 14 cases of yellow fever and 3 deaths for the week ended yesterday evening. Total cases 51, deaths 12.

Memphis.—620 deaths from yellow fever occurred during the week ended Thursday evening, September 19th, making a total of 2131 deaths. The number of cases not known to Memphis Board of Health.

Brownsville, Tenn.—During the week ended yesterday evening there were 100 new cases of yellow fever and 15 deaths, making in

all 130 cases and 44 deaths. The deaths for the week ended September 14th were 29, instead of 9, as stated in last report.

Hickman, Ky.—42 deaths from yellow fever occurred during the week ended yesterday evening. 16 new cases and 3 deaths during the last twenty-four hours. Total cases to date 205, deaths 74.

St. Louis.—During the past week there were 6 deaths from yellow fever, 4 of which were at quarantine. All refugees.

Louisville.—18 cases of yellow fever and 8 deaths for the week ended yesterday evening. Total cases 77, total deaths 26. All refugees.

Cincinnati.—5 cases of yellow fever and 1 death during the week ended yesterday evening. All refugees. Total cases 30, deaths 13.

Gallipolis, Ohio.—Since the last report, to September 18th, there was one new case of yellow fever and 3 deaths, making in all 28 cases and 12 deaths. All traceable to the infected John D. Porter.

Indianapolis, Ind.—One refugee died of yellow fever September 17th.

Bay St. Louis, Miss.—15 new cases of yellow fever occurred during the last week. Deaths not reported.

Cairo, Ill.—3 new cases of yellow fever since last report. 2 died in Cairo and one went to Mound City, eight miles from Cairo, and died there.

Decline of the Yellow Fever.

A marked decline has taken place in the epi demic in Memphis. Many nurses have been released, in order that they might return to their homes. At other places the reports generally show no cause for new alarm. At points distant from the original fever district deaths are reported, but uniformly they have been refugees, or, as at Gallipolis, Ohio, cases of special infection. The worst of the terrible epidemic is undoubtedly over, and another week will show a great decline in its fatality.

Cholera in Africa.

An official report from Morocco, Africa, says—Asiatic cholera has appeared in the cities of Mequinez and Fez, Morocco, causing the death of from 20 to 30 victims daily in the former city, which is about 170 miles from Tangier. Information of the disease came to Felix A. Mathews, Consul of the United States at Tangier; and in his capacity as President of the Board of Health of Morocco, he dispatched Dr. Tadeo Martinez, formerly of the Spanish navy, to visit Fez and Mequinez. Dr. Martinez left Tangier, August 7th, with an escort of 200 Moorish troops, and, after forcing his way through the lines of revolutionists besieging Mequinez, entered that city on the 14th of August, where he found the disease to possess all the well-known characteristics of Asiatic cholera. From a report obtained from the custodian of the Jewish cemetery, the number of deaths of the Israelites since the first appearance of the disease exceeded 400. The disease was reported to have spread to Sherarda, a province bordering on the city of Mequinez. Dr. Martinez attributes the disease to the unsanitary condition of the city, but Consul Mathews suggests the possibility of the germs of disease having been brought by the thousands of pilgrims returning from Mecca. The unsanitary condition of the crowded cities of Fez and Mequinez is described as "entire want of precautionary measures of cleanliness within and without the houses. In some quarters offal, filth, dead animals, and dirt of all kinds and origin are allowed to accumulate from year to year, until they reach the level of the windows, creating inexpressibly repugnant exhalations of the most deadly and life-destroying miasm." The port of Tangier and its environs are free from any infectious disease.

Personal.

—Dr. Philip Leidy, of this city, returned from Europe by the steamship Pennsylvania, September 8th.

—Dr. Charles M. Cresson has been appointed chemical expert of the Board of Health.

Items.

—A woman died recently at Westward Ho, Devonshire, England, from the bite of a common fly.

—Vermont's fat woman, Mrs. Albert Smith, of Rochester, died recently, her weight being over four hundred pounds, and the coffin in which she was buried, at Saxton's River, was as wide as a common express wagon.

—The *American Practitioner*, Louisville, informs publishers, in its September number, that it will give a favorable and gratuitous (!) notice of forthcoming publications for *six* volumes, but scorns so to demean itself for *one!* Nothing like knowing people's prices.

MARRIAGES.

Allen—Sellers.—August 21st, 1878, at the Presbyterian Parsonage, Wapello, Louisa Co., Iowa, by Rev. A. M. Heizer, C. B. Allen, M.D., and Miss Blanche Sellers, both of Cairo, Louisa Co., Iowa.

Campbell—Dorsey.—In Dallas, West Va., September 5th, by Rev. John H. Aughey, T. J. Campbell, M.D., of Fair Hill, and Miss Sadie E. Dorsey, of Rock Lick.

McKeehan—Williams.—At Minneapolis, Minn., Thursday, August 8th, at the residence of C. H. Pettit, by Rev. James A. Reed, D.D., assisted by Rev. R. M. Semple, D.D., Alfred McKeehan, M.D., of Michigan City, Ind., and Miss Catherine E. Williams, daughter of Louis H. Williams, Esq., of Minneapolis, Minn.

DEATHS.

Goddard.—At "The Burlington," Sunday morning, September 15th, Dr. John Tyler Goddard, in the thirty-eighth year of his age.

Herndon.—At New Orleans, September 12th, Dr. C. L. C. Herndon, aged forty, formerly a surgeon in the United States army.

TAMAR INDIEN,

A laxative, refreshing, and medicated Fruit Lozenge, agreeable to take, and never causing irritation. Its physiological action assures the immediate relief and effectual cure of

CONSTIPATION, CEREBRAL CONGESTION, HEADACHE, INDIGESTION, BILE, HEMORRHOIDS, etc., etc., by augmenting the peristaltic movement of the intestines, without producing undue secretion of the liquids. Unlike pills and the usual purgatives, it does not predispose to intestinal sluggishness, and the same dose always produces the same effect, that is to say, never needs increasing. These properties render "Tamar" invaluable to the weak and debilitated, and especially to ladies previous and subsequent to their accouchement. It is recommended by the most eminent Physicians of Paris; notably Drs. BELIN and TARDIEU, who prescribe it constantly for the above complaints, and with most marked success.

Prepared by **E. GRILLON,** Pharmacien de 1ère classe, 27 Rue Rambuteau, Paris. To be had of all respectable Chemists throughout the world.

PEPTODYN.

The New Digestive is a combination of the whole of the Digestive Secretions—Pepsine, Pancreatine, Diastase, etc.,

Forming an invaluable remedy in the treatment of all forms of Dyspepsia, and diseases arising from imperfect nutrition.

N. B.—*The success of this Remedy has led to several imitations of it,* which consist largely of Milk Sugar, and, as compared with Peptodyn, are of little or no real value as digestive agents.

SAVORY & MOORE, 143 New Bond Street, London.

PARIS, 1867. 1868. 1872. 1873, VIENNA.

Prize Medal.

Silver Medal.

Gold Medal.

Medal of Merit

BOUDAULT'S PEPSINE

IN POWDER, also WINE, ELIXIR, SYRUP, PILLS, AND LOZENGES OF PEPSINE.

Since the introduction of Pepsine by Boudault in 1854, **BOUDAULT'S PEPSINE HAS BEEN, AND IS STILL CONSIDERED, THE MOST RELIABLE,** as is attested by the awards it has received at the Exhibitions of 1867, 1868, 1872, 1873, and in 1876 at the Centennial Exposition in Philadelphia.

IT IS THE ONLY PEPSINE USED IN THE PARIS HOSPITALS.

Careful tests will enable any one to satisfy himself that **BOUDAULT'S PEPSINE HAS A DIGESTIVE POWER AT LEAST DOUBLE** that of the best Pepsines in the market, and that it is really the cheapest.

It is Sold in 1 ounce, 8 ounce, and 16 ounce Bottles.

Beware of so-called French Pepsines bearing fictitious names, and prescribe Boudault's only.

BLANCARD'S PILLS

OF UNCHANGEABLE IODIDE OF IRON.

Blancard's Pills of Iodide of Iron are so scrupulously prepared, and so well made, that none other have acquired a so well deserved favor among physicians and pharmaceutists. Each pill, containing one grain of proto-iodide of iron, is covered with finely pulverized iron, and covered with balsam of tolu. Dose, two to six pills a day. The genuine have a *reactive silver seal* attached to the lower part of the cork, and a green label on the wrapper, bearing the fac-simile of the signature of

Pharmacien, No. 40 Rue Bonaparte, Paris.
without which none are genuine.

BEWARE OF IMITATIONS.

E. FOUCERA & CO., Agents,

NEW YORK.

TO PHYSICIANS.

THE scarcity and high prices of Cinchona barks and Sulphate of Quinia, and the prospect of only a slight reduction in these prices, makes the present a favorable opportunity of calling the attention of the profession to the *combination of all the bark alkaloids.*

Much attention has been given to this subject in Europe and India.

The growing appreciation by the medical profession of the United States of

CINCHO-QUININE

is due to the fact that it retains the important alkaloids IN COMBINATION, — a combination which in practice is *preferable to perfect isolation or separation* of these alkaloids.

In addition to its superior efficacy as a tonic and anti-periodic, it has the following advantages, which greatly increase its value to physicians: —

1st, *It exerts the full therapeutic influence of* Sulphate of Quinine, *in the same doses*, without oppressing the stomach, creating nausea, or producing cerebral distress, as the Sulphate of Quinine frequently does; and it produces much less constitutional disturbance.

2d, It has the great advantage of being *nearly tasteless.* The bitter is very slight, and not unpleasant to the most sensitive, delicate woman or child.

3d, It is *less costly:* the price will fluctuate with the rise and fall of barks, but will always be much less than the Sulphate of Quinine.

4th, It meets indications not met by that Salt.

The following well-known Analytical Chemists say: —

"UNIVERSITY OF PENNSYLVANIA, Jan. 22, 1875.
"I have tested CINCHO-QUININE, and have found it to contain *quinine, quinidine, cinchonine, cinchonidine.*
F. A. GENTH,
Professor of Chemistry and Mineralogy."

"LABORATORY OF THE UNIVERSITY OF CHICAGO, Feb. 1, 1875.
"I hereby certify that I have made a chemical examination of the contents of a bottle of CINCHO-QUININE; and by direction I made a qualitative examination for *quinine, quinidine,* and *cinchonine,* and hereby certify that I found these alkaloids in CINCHO-QUININE.
C. GILBERT WHEELER,
Professor of Chemistry."

"I have made a careful analysis of the contents of a bottle of your CINCHO-QUININE, and find it to contain *quinine, quinidine, cinchonine,* and *cinchonidine.*
S. P. SHARPLES, *State Assayer of Mass.*"

TESTIMONIALS.

"WELLFLEET, MASS., Nov. 17, 1876.
"I have used CINCHO-QUININE, and can say without any hesitation it has proved superior to the sulphate of quinine. J. G. JOHNSON, M.D."

"MARTINSBURG, MO., Aug. 15, 1876.
"I use the CINCHO-QUININE altogether among children, preferring it to the sulphate.
DR. E. R. DOUGLASS."

"LIVERPOOL, PENN., June 1, 1876.
"I have used CINCHO-QUININE, obtaining better results than from the sulphate in those cases in which quinine is indicated.
DR. I. C. BARLOTT."

"RENFROW'S STATION, TENN., July 4, 1876.
"I am well pleased with the CINCHO-QUININE, and think it is a better preparation than the sulphate. W. H. HALBERT."

"ST. LOUIS, MO., April, 1875
"I regard it as one of the most valuable additions ever made to our materia medica.
GEORGE C. PITZER, M.D."

"RICHMOND, VA., March 28, 1877.
"I believe that the *combination* of the several cinchona alkaloids is more generally useful in practice than the sulphate of quinine uncombined.
"Yours truly, LANDON B. EDWARDS, M.D.
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CONTENTS:

ORIGINAL DEPARTMENT.

LECTURE.

MILLS, CHARLES K.—Massage and Swedish Movements in the Treatment of Diseases of the Nervous System..... 283

COMMUNICATIONS.

HUTTON, T. J.—Mining Surgery—Fifty Fractures—Skull Fractures; Broken Neck; Broken Back; Fracture of Pelvis; Fractures of Clavicle; Fractured Ribs; Fractures of Humerus; Fractures of Forearm; Fractures of the Hand; Fractures of the Femur; Fractures of the Leg; Foot Fractures..... 287

MEDICAL SOCIETIES.

British Medical Association.—Lateral and Posterior Spinal Sclerosis; Cases of Athetosis; Syphilitic Neuroses; Gout at the Heart; Subcutaneous Division of the Neck of the Thigh Bone; the Anatomy of Hip-joint Disease in Childhood..... 293

EDITORIAL DEPARTMENT.

PERISCOPE.

The Relations of Goitre to the Hemorrhagic Tendency..... 296
Septic and Aseptic Fever..... 296
Incubative Period of Contagious Diseases..... 296
Cold Sponging in Tuberculosis..... 297
The Management of Capsular Wounds of the Knee Joint..... 297

REVIEWS AND BOOK NOTICES.

Notes on Current Medical Literature..... 297

EDITORIAL.

HISTORICAL QUESTIONS IN SYPHILOGRAPHY.... 298

NOTES AND COMMENTS.

New Books and Premiums..... 299
Temperance Movements in France..... 299
Iodine in Intermittent Fever..... 300
The Usefulness of Cremation..... 300
Condurango again in Gastric Cancer..... 300
New Radical Cure for Hernia..... 300
The Exhibitionists..... 300
Converts to Temperance Legislation..... 301
The Intervention of Physicians in Education... 301
The Causes of Sudden Death in Diabetes..... 301
Tattooed Marks on the Skin..... 301
Medical Fees in London..... 301
A Large Heart..... 301
Iodic Purpura..... 302

CORRESPONDENCE.

Letter from Paris (Reynolds)..... 302
Treatment of Yellow Fever (Bullock)..... 304

NEWS AND MISCELLANY.

The American Gynecological Society..... 304
The American Academy of Medicine..... 304
Report of the Epidemic for the Week Ending September 28th, 1878..... 304
The Epidemic to be Investigated..... 305
Congress of Legal Medicine..... 305
Physiological Effects of Altitude..... 305
War and Pestilence..... 306
Climate of Cyprus..... 306
Cremation Called For..... 306
Personal..... 306
Items..... 306
MARRIAGES AND DEATHS..... 306

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THE

MEDICAL AND SURGICAL REPORTER.

No. 1127.] PHILADELPHIA, OCT. 5, 1878. [VOL. XXXIX.—No. 14.

ORIGINAL DEPARTMENT.

LECTURE.

MASSAGE AND SWEDISH MOVEMENTS IN THE TREATMENT OF DISEASES OF THE NERVOUS SYSTEM.

BY CHARLES K. MILLS, M.D.,

Neurologist to the Philadelphia Hospital, etc.

Reported by GEORGE S. HULL, M.D., Resident Physician.

To-day I bring before you some cases which have been treated in whole or in part by the methods known as "Massage" and the "Swedish Movement Cure," and I will take the opportunity to make a few remarks upon these modes of treatment, particularly with reference to diseases of the nervous system. Nervous disorders are often so obstinate and perplexing that it behooves us to have at command every therapeutic means that offers any hope of success.

Massage, which is derived from a Greek word meaning to "knead," has become, from usage, a general term, including several distinct but allied processes, such as stroking, rubbing, kneading, and percussion; terms which explain themselves. Massage and Swedish movements are two distinct methods, although the two may be, and often are, used conjointly. In massage certain localized manipulations are performed on the skin, muscles, joints, etc., of patients who remain passive; the parts are gently stroked or vigorously rubbed; they are kneaded with deep grasps, or briskly tapped or struck with finger ends or hand. In the "movement-cure," muscles, limbs, or organs are moved or caused to move, with the view of calling forth or developing their physiological actions.

A species of massage has been employed in India for centuries. We are told by Taylor, in his "Exposition of the Swedish Movement Cure," of an order of Brahminites whose chief medical recourse is hygienic shampooing. "The English who reside in India frequently give accounts of the shampooing and friction which they find a great source of delight as well as of health. The person receiving the operation is extended on a seat, while the operator manipulates his members, as he would knead dough for bread. He then strikes him lightly with the side of the hand, applies perfume and friction, and terminates by cracking the joints of the fingers, toes and neck. After this operation, the subject experiences a sensation of ineffable happiness and energy. It is said that the Indian ladies seldom pass a day without being thus shampooed by their slaves." Trousseau and Pidoux, in their "Therapeutics and Materia Medica," show that Hippocrates, Praxagoras, Cœlius Aurelianus, and other ancient worthies, refer to the practice of massage. Obstetricians, since the earliest times, have used circular rubbings to renew or increase tardy uterine contractions. In this country, during the last few years, Dr. S. Weir Mitchell has done much, by his practice and writings, to bring the subject of massage prominently before the profession.

In his little book, called "Fat and Blood," Dr. Mitchell gives a succinct, practical description of the process of *Massage*, which I will quote for you: "An hour," he says, "is chosen, midway between two meals, and the patient lying in bed, the manipulator starts at the feet, and

gently but firmly pinches up the skin, rolling it lightly between his fingers, and going carefully over the whole foot; then the toes are bent and moved about in every direction, and next, with the thumbs and fingers, the little muscles of the foot are kneaded and pinched more largely, and the interosseous groups worked at with the finger-tips between the bones. At last the whole tissues of the foot are seized with both hands and somewhat firmly rolled about. Next the ankles are dealt with in like fashion, all the crevices between the articulating bones being sought out and kneaded, while the joint is put in every possible position. The leg is next treated, first by surface pinching, and then by deeper grasping of the areolar tissue, and last by industrious and deeper pinching of the large muscular masses, which for this purpose are put in a position of the utmost relaxation. The grasp of the muscles is momentary, and for the large muscles of the calf and thigh both hands act, the one contracting as the other loosens its grip. In treating the firm muscles in front of the leg, the fingers are made to roll the muscles under the cushions of the finger-tips. At brief intervals the manipulator seizes the limb in both hands and lightly runs the grasp upward, so as to favor the flow of venous blood currents, and then returns to the kneading of the muscles. The same process is carried on in every part of the body, and especial care is given to the muscles of the loins and spine, while usually the face is not touched. The belly is first treated by pinching the skin, then by deeply grasping and rolling the muscular walls in the hands, and at last the whole belly is kneaded with the heel of the hand in a succession of rapid, deep movements, passing around in the direction of the colon."

The movement treatment, or "movement cure," as it is usually called, has also a history. The Chinese of to-day practice movements for medical purposes, which have been handed down to them from remote antiquity. This art, to which high and low resort, and which is considered partly a religious performance, is known as the Cong Fou, which means simply the art of exercising the body, and its application to the treatment of disease. It is said to date back 2698 years before the Christian era (Taylor). With the ancient Greeks the training of body and mind went hand in hand. The Romans also had their gymnasiums. The reduction of movements to a system, for the treatment of disease, is chiefly due to Peter Henry Ling, a Swede, who was born in 1766, and died in 1839. Curative movements were practiced under his direction at Stockholm, as early as 1813. Gymnastic institutions on the Swedish plan are now scattered throughout Europe, and a few have been established in this country.

Movements, in the medical sense, are certain motions or operations performed for the purpose of helping the diseased human body; they are, as Taylor expresses it, motions of specific kinds, having specific effects, practiced for specific purposes, and intended to secure definite results. Cumbersome and complicated apparatus is not, as some imagine, required to carry out the movement treatment. Much can be done with little or no machinery, although instruments and appliances which have a certain value have been invented. My remarks to-day will have reference chiefly to procedures which do not call for any special apparatus.

By writers and teachers various divisions and subdivisions of movements have been laid down. Efforts have been made by Ling and others to designate and classify both positions and movements, in other words, to establish a terminology for the movement cure. It is not my purpose, however, to go into this branch of the subject at present.

Movements are sometimes spoken of as active and passive, or as single and duplicated. Active movements are those more or less under the control of the individual making or taking part in them, and they are performed by him under the advice or direction, and sometimes with the assistance, of another. They proceed from within; they are willed. Passive movements come from without; they are performed on the patient, and independently of his will. He is subjected to pushings and pullings, to flexions and extensions, to swingings and rotations, which he can neither help nor hinder. The same movement may be active or passive, according to circumstances. A man's biceps may be exercised through his will, against his will, or without reference to his will. A single movement is one in which only a single individual is engaged; speaking medically, single movements are those executed by the patient under the direction of the physician or attendant; they are, of course, active. Duplicated movements require more than one for their performance. Duplicated active movements are

those to which I most commonly resort in the treatment of nervous disorders. In these the element of resistance plays an important part. The operator, with carefully considered exertion, performs a movement, which the patient is enjoined to resist; or the latter undertakes a certain motion or series of motions, which the former, with measured force, resists. Skill, tact, and experience are here of great value, in order that both direct effort and resistance should be carefully regulated and properly modified to suit all the requirements of the case. By changing the position of the patient, or the manner of operating on him, from time to time, any muscles or groups of muscles may be brought into play. It is wonderful with what ease even some of the smallest muscles can be exercised by an expert manipulator.

To impress what is meant by duplicated active movements, I will illustrate them on the two patients before you; one a case of partial paralysis of the muscles of one arm, the other an example of hysterical paraplegia. In these cases muscular exertion can, to some extent, be called forth, the paralysis not being absolute. Suppose it is desired to bring into activity the biceps and brachialis anticus, the muscles particularly engaged in flexing the forearm. The arm being extended, with the palm of the hand upward, the manipulator takes hold about the wrist and directs the patient to draw the hand toward the shoulder. As the latter performs this movement, the former carefully resists, gradually, however, allowing the hand to reach the shoulder, where the patient tries to keep it, while the operator now slowly brings the arm again to its extended position.

To act upon the muscles of the trunk the patient is seated upon a stool of the proper height, without back or arms, and is directed or caused to bend forward, or backward, or sidewise, to semi-rotate the body or to perform any other available movement, the operator antagonizing the patient, and the patient the operator. The arms may or may not be made to take part in these movements, being, in the former case, elevated, flexed, extended, etc., in unison with the movements of the trunk. If you wish to exercise any or all of the muscles of the lower limbs, the process is obvious. Beginning with the toes, these being flexed, while the patient endeavors to extend them, the operator resists his efforts, or the procedure may be reversed, the patient offering the resistance. Similar methods are adopted for calling into play and developing the extensors, abductors, adductors, etc., of both feet and legs.

From these remarks and illustrations you may be able to grasp what is meant by movements, active and passive, single and duplicated. Good judgment and a certain practical acquaintance with animal mechanics are necessary to enable you to make use of treatment of this kind. You must know your anatomy and physiology better than did Charles Reade, when, in his fascinating letters in *Harper's Weekly*, on "The Coming Man," he declared that the grandest effort of the *biceps* was the knock-down blow of the pugilist. You must bear in mind, also, that movements, like ordinary gymnastics, may be a source of harm rather than good, if directed improperly and without reference to the needs and condition of the system.

Much of the value of massage and Swedish movements is self-evident. Acceleration of circulation, increase of temperature, direct and reflex stimulation of nervous and muscular action, the promotion of absorption by pressure—these, and other results, are readily understood. "The mode in which these gymnastic proceedings exert an influence," says Erb, in *Ziemssen's Cyclopædia*, "consists, no doubt, in occasioning frequently repeated voluntary excitations of the nerves and muscles, so that the act of conduction to the muscles is gradually rendered more facile, and ultimately the nutrition of the nerves and muscles is augmented."

Massage, as most of you doubtless know, has been much resorted to, and has been found useful, in chronic diseases and injuries of the joints; in acute articular disorders of the milder forms; in sprains, for which Broca, among others, has advocated it strongly; in amenorrhœa and dysmenorrhœa; in dyspepsia, diseases of the skin, and in other affections which I may not at the moment recall. My object to-day, however, is simply to direct your attention to its employment in some forms of nervous disease.

Massage, particularly in the form of stroking and percussion, is a valuable method of treating certain peripheral paralyses, such as those from rheumatism, lead poisoning, etc. In infantile palsy it is of service as an adjunct to electrical and other plans of treatment. It is often impossible for parents to bring their children to be treated daily with electricity, and they can be taught by the physician to employ massage

at home. In central paralyses the nutrition and circulation of the palsied parts can, at least, be improved by massage. In some neuralgias, and for the neuralgic constitution, its usefulness has been established by a number of observers. Both stroking and friction are beneficial in nervous headaches. I have frequently seen the headache of a nervous woman relieved by gently stroking the forehead; while energetic frictions or shampooing of the entire head are sometimes more efficacious with men. I need only allude to the cases of nervous exhaustion, spinal irritation, emotional weakness, etc., so thoroughly described by Dr. Mitchell, and for which he recommends "a combination of entire rest and of excessive feeding, made possible by passive exercise obtained through the steady use of massage and electricity."

The movement cure is especially useful in those cases of paralysis, or paresis, in which voluntary movement is not entirely destroyed. Here either the single movements, or still better, the duplicated active movements, can be resorted to with advantage. After recovery has commenced, in cases of paralysis, the progress toward a cure can be much hastened by properly regulated gymnastic exercises.

When paralysis is complete the passive movements are, of course, the only kind which can be employed, and the range of their usefulness is comparatively limited. Wasting, contractures, and the deformities which follow in the train of paralysis, can, however, in great measure, be prevented by systematic passive movements; but it must be admitted, that when a paralyzed limb is completely cut off from the will, electricity offers a more certain and readily applied method of stimulating muscles to action.

Sometimes, in treating paralysis, the contraction of muscles must be aided while the opposition of antagonists is overcome. When attempts are made to voluntarily move paralyzed muscles, antagonistic and even distant muscles are brought into action, in spite of the patient. In this way, sometimes, movement of the palsied muscles is made impossible. In applying Swedish movements to such cases, the action of the antagonizing muscles is overcome by passive resistance, while contraction is assisted in the feeble muscles.

Deformities of the spine, particularly those due to abnormal muscular action, cases of which sometimes come under the care of the neurologist, as well as the orthopædic surgeon, can undoubtedly be benefited, and in some instances entirely remedied, by properly directed movements.

An interesting special form of movement or gymnastic treatment of local paralysis is that recommended by Professor J. Michel, in the *Monatschrift für Augenheilkunde*, November, 1877, for ocular paralysis. His treatment, which succeeded in a case of rheumatic paralysis of the abducens, consisted in seizing the insertion of the affected muscle with a pair of fixing forceps, and gently drawing the eyeball as far as possible in the direction in which the muscle would move it, afterward bringing it back again to its former position, this manœuvre being repeated for about two minutes every day.

Dr. George Vivian Poore, for writer's spasm, strongly recommends rhythmical exercise of the muscles affected, in conjunction with galvanism.

Besides the diseases of the nervous system to which I have alluded, general massage and Swedish movements may be employed with benefit, usually best in conjunction with other methods, in such affections as spinal nervous weakness, the so-called spinal irritation, hysteria, hypochondriasis, melancholia, paraplegia dependent upon idea, and general nervousness in the male. In vaso-motor affections of the extremities systematic massage and movements are only equaled in efficacy by electrical treatment. The same means are of great value for the relief of disorders due to excessive cerebral action, their use being based upon the same principle as the employment of derivatives, applications being made to the feet and legs.

In conclusion, I wish to call attention briefly to the effects of massage and movements upon human temperature, general and local. Dr. Mitchell, in the work already quoted, gives a number of tables, which illustrate the influence of massage upon general temperature in cases of anæmia, nervous exhaustion, and hysteria. In most of these a slight rise of temperature, ranging from one-fifth of a degree to one degree and a quarter, was noted. One case of hysteria gave a slight, but constant, fall.

In my own observations, which have been chiefly made upon cases of organic nervous disease, a small, but decided, elevation of both local and general temperature has usually, but not always, taken place. I will read you a few of these, selected from a large number.

The patient upon whom the following general

axillary temperature observations were made was a woman, sixty-one years old, paraplegic from organic spinal disease, probably simple softening. Massage and Swedish movements were performed only on the lower half of her body.

BEFORE TREATMENT.	AFTER TREATMENT.
98.7° Fah.	99° Fah.
99° Fah.	99.5° Fah.
98 5° Fah.	98 5° Fah.
98° Fah.	98.5° Fah.
98° Fah.	98.4° Fah.

The next series of temperatures were taken with Seguin's surface thermometer, on different days, over the right biceps muscle of the same patient, the applications being confined to the right arm.

BEFORE TREATMENT.	AFTER TREATMENT.
93.1° Fah.	95° Fah.
93.1° Fah.	95° Fah.
95° Fah.	96.8° Fah.
93 1° Fah.	95° Fah.
94.5° Fah.	95° Fah.

The next observations on general or axillary temperature were made upon a girl, nine years of age, afflicted with partial paralysis of the right arm and both legs, following scarlet fever.

BEFORE TREATMENT.	AFTER TREATMENT.
99.5° Fah.	100° Fah.
99.3° Fah.	100° Fah.
99.° Fah.	99 5° Fah.
99.° Fah.	99.° Fah.
99.° Fah.	99.5° Fah.

The last series which I shall present are local temperatures, taken with Seguin's surface thermometer, on a case of facial paralysis in a woman, sixty years of age.

BEFORE TREATMENT.	AFTER TREATMENT.
88.7° Fah.	91.4° Fah.
93.2° Fah.	95.9° Fah.
93.2° Fah.	97.1° Fah.
93 2° Fah.	95.9° Fah.
92.6° Fah.	96.8° Fah.

The Use of Iodoform.

Finely powdered iodoform, or mixed one part to three with unguentum petrolei, makes an admirable application to the most sensitive surfaces, such as irritable ulcers, etc. It is a good rule never to apply soap to such surfaces; even the best obtainable is often irritating; and water should be thoroughly boiled and used when cooling. To do away the odor of the iodoform, so nauseous to many, it may be mixed with equal parts of tannin, or employed in ethereal solution.

Communications.

MINING SURGERY—FIFTY FRACTURES.

BY T. J. HUTTON, M.D.,

Of Shenandoah, Pa.

Formerly Resident Physician Long Island College Hospital, Brooklyn, N. Y.

Often in student days came the admonition from the didactic desk, "Gentlemen, I beg of you, take notes of your important cases; they will serve you a good purpose; will amply repay the time and trouble; their review will afford pleasurable pastime in leisure moments; the data will prove a valuable guide in future emergencies." But a venerable practitioner of Brooklyn Heights impressed most forcibly the value of this habit by showing, with just pride, as though saying "these are my jewels," his obstetrical record of three thousand three hundred and seventy odd infants ushered into this sunny world by him, in forty years' service.

This grand army of infant births was duly classified as to sex, color, development, single or multiple, duration of labor, mortality, etc., and it need not be added that the hints, suggestions and "beams of light" gleaned from this lengthy record were simply invaluable.

I now beg leave to submit notes of fifty fractures, taken from less than four years of practice in this mining community. In forty two of these fractures I gave the entire treatment; five I saw in consultation; two I was permitted to see by courtesy; and of one not seen by me I give the notes as furnished by the attending surgeon. The report is candid, having no purpose to serve but that of truth. The results of treatment of cases of skull fracture will show this, as, unfortunately, those reported from my own practice were of fatal termination, with one exception. If the results obtained in others should appear rather favorable, let two factors be considered—an atmosphere and water pure as any on the continent (I have never seen a case of phthisis pulmonalis that originated here, and there is no endemic), and a class of patients sturdy of nerve and muscle, possessing the recuperative powers of lower animals; more like the polypus (which, mangled into a dozen pieces, each takes an independent life and the conjugal relation) than those ethereal essences, the products of high-toned city civilization, who die of their own morbid fancies, if not at sight of their own shadows.

The report furthermore indicates that mining surgery, as practiced in these mammoth veins of coal, is not minor surgery, but major and multiple, the unfortunate victims generally suffering more than one lesion, and these by no means trifling, due to the immensely destructive forces at work: breakage of huge hoisting ropes and chains, precipitating the occupants of vehicles attached to them to bottomless pits; jammings by wagons and wheels in narrow passages; igniting of fire-damp (the hydrogen harmonicon, or light carburetted hydrogen of the chemist); and, above all, by that favorite pastime of the infernal deities, and that which sounds the knell of doom to many a stalwart miner, sudden falls of coal, in pieces varying from the size of an egg to one hundred tons. To this latter cause nineteen-twentieths of all casualties and violent deaths among miners are attributable.

Finally, if it be discovered that we have sometimes differed with the surgical "powers that be" and bookmakers, in means and methods of treatment, let us first reason together, and see if the results in such instances do not justify the departure, before being consigned to the heretical fagot.

Skull Fractures.

Case 1.—P. L., a boy, eight years of age, fell from an embankment twenty feet in height, August 20th, 1872, striking the ground head foremost. Symptoms: unconsciousness, stertorous breathing, slow pulse, intumescence over right parietal, with contused wound of scalp. On careful examination diagnosed fracture and depression of right parietal bone. Treatment: derivatives to extremities, spine and epigastrium; turpentine enemata, calomel and rhubarb. Made a good recovery.

Case 2.—E. S., eight years of age, in October, 1871, while climbing a tree, slipped and fell, head foremost, striking a stone. Insensibility followed, with quickly recurring spasms. There was contusion over left parietal. Dr. P. H. Shultz was called. Dissected up scalp over the wound; removed depressed and comminuted bone, in size one and a half by three inches. Used cold applications and verat. vir. Boy made good recovery.

Case 3.—J. C., miner, aged 42. August 25th, 1873, hit on head by "fall of coal," one-half ton in weight, which also crushed shoulder and fractured right femur. Symptoms: insensibility and great depression; venous blood oozing from right ear, followed by serous fluid. Diagnosis: fracture of base of brain and compound fracture of the femur. Treatment, *nihil;* death in six hours.

Case 4.—W. H., miner, aged 55, fell on his head on the back-door step, April 13th, 1874, whether by tripping or from specific epileptiform seizures, to which he was subject, is unknown, as no one was present at the time. I had treated him for specific periostitis, which had perforated the left parietal bone, but healed speedily under iodide of potassium. He now had quickly recurring spasms—insensible; contusion over left parietal, with depression of that bone. These symptoms, convulsions included, continued into second day, when, Dr. P. H. Shultz being present in consultation and agreeing thereto, I dissected up the scalp and trephined the sharply indented bone. The fracture, as indicated by the piece of bone removed, extended to the inner plate. Dry heat and enemata were used; but little amelioration of the symptoms ensued; patient died, unconscious, in thirty hours.

Case 5.—Mrs. G., aged 38, taken in labor April 26th, 1874; head presenting. Labor made no progress that entire day, nor during the night, though pains were regular and strong. Next day, noon, Dr. Shultz requested me to see the case with him, some miles from town. On waiting some time, to watch effect of pains, which were still regular and strong, though patient approached exhaustion, and after most careful and repeated examination, I gave it as my opinion that this was an impossible labor (J. Y. Simpson's classification), from preternaturally large head. In this opinion I persisted, though her husband declared that her first labor (this the second), seven years prior, had been natural. As we insisted on operating or abandoning, the husband admitted that craniotomy had been necessary in the first labor, and yielded. But now exhaustion was imminent; there were no craniotomy instruments in the whole community, and the husband would not allow us to perform Cæsarean section. I broke open the cranial cavity with tinsmith's shears and soon after delivered with long forceps, but despite nourishment and stimuli, patient speedily died, of exhaustion. I often think of this case, but cannot see that we could have done better.

Case 6.—In 1875 I saw, with Dr. G. L. R., G. B., a miner, age about 30, who, two days

prior, had his occipital bone and the greater part of the overlying scalp removed by a "fall of coal." The cerebellum lay exposed; its pulsations could be counted at a distance of twelve or fifteen feet. This patient passed into other hands, depriving us of further particulars, except that he slowly recovered, and carries with him that air of gentle stupidity which is natural to, and sheds such charms over, the lives of citizens of Berks County and Catawissa Valley, of our State.

Broken Neck.

Case 7.—W. G., mine owner, age 48, while in his mine with his superintendent, inspecting the "top slate" or roof of a newly opened gangway, the entire top fell in, killing and covering up both of them. On examining the body found death had resulted from "broken neck." This occurred April 17th, 1873.

Broken Back.

Case 8.—J. T., age 42, miner, while at work March 13th, 1873, had the lumbar vertebra fractured by a fall of coal. But little displacement; ecchymosis around seat of fracture; complete paralysis of lower extremities. Placed in easy position; given anodynes and concentrated diet. Bladder evacuated by catheter three times a day until tenth day, when urine passed involuntarily. Bowels emptied by enemata. Patient grew weaker daily, and died on twenty-first day after the injury. (Notes by Dr. Shultz.)

A hospital patient of mine, a woman, who received fracture of the spine by falling from second story while spreading clothes, survived five months, catheter and enemata required all that time.

Fracture of Pelvis.

Case 9.—W. K., miner, age 40, October 3d, 1873, was jammed between a fixed platform and a mine wagon, resulting in fracture of pelvis. The crest of the ilium was distinctly movable, and crepitation was also felt down through acetabulum, right side, indicating double fracture. Pain and shock were excessive, and blood appeared in urine. Patient was placed on hard but smooth mattress; pelvis swathed in broad bandages, applied comfortably tight. Opium freely, enemata and antiphlogistics. Made good recovery in nine weeks.

Fractures of Clavicle.

Case 10.—G. H. M., carpenter, aged twenty. August 3d, 1872, fell from a scaffolding, striking the ground on his right shoulder, fracturing clavicle near its middle. Fox's apparatus-pad, sling and "ring of muslin stuffed with cotton" were applied. Sixth, seventh and eighth ribs were also fractured, to which broad bandage was tightly applied. Made good recovery in six weeks.

Case 11.—B. B., aged eight. May 18th, 1873, fell on left shoulder, fracturing clavicle in its outer third. She had Fox's apparatus applied, and on removal, in three weeks, had obtained good union.

Case 12.—B. Mc., miner, aged thirty-five. August 28th, 1873, received, from "fall of coal," double fracture of left clavicle. Had some difficulty in keeping fragments *in situ;* effected finally by sand bag over fragments, with Fox's apparatus. Resumed work in six weeks.

Fractured Ribs.

Case 13.—L. M., miner, aged forty-one. December 28th, 1872, fell thirty feet, into a shaft; can't tell how he struck; third, fourth, fifth, sixth and seventh ribs, right side, are fractured. Free purge, plenty of opium, absolute rest, broad bandage of adhesive plaster, encircling body nearly twice around. This bandage being necessarily very wide, caused feelings of inconvenience and impatience, and was soon substituted by the more yielding muslin bandage. Patient resumed work in six weeks.

Case 14.—Mrs. T., aged forty-nine. May, 1873, fell down several stairs, fracturing fourth and fifth ribs, right side. Treatment as above. Union in four weeks.

Case 15.—Mrs. F., aged thirty-three. August 18th, 1873, fell over framework of spring well; fractured fourth rib. Treatment as above. In three weeks all pain and inconvenience disappeared.

Fractures of Humerus.

Case 16.—J. B., boy, 7 years of age, run over by a mine wagon, producing oblique compound fracture of left humerus, lower third. The sharp point of upper fragment still projected through the wound. Splints of sole leather, steeped in water, moulded to right angle, and shape of the parts, were then applied, and the bone reduced; the external wound was covered freely with tannic acid (powder). Function completely restored in six weeks.

Note 1.—Converting this compound fracture into a simple one, by closing the external wound with tannic acid, the time of healing was short-

ened by one half. More of this treatment to follow.

Note 2.—This was clearly a flange fracture, a class of fractures which that eminent and venerable surgeon, F. H. Hamilton, taught his students could never be successfully treated. *This* was treated successfully, and "still there's more to follow." Professor Hamilton taught that flange fractures meant amputation of the limb.

Case 17.—J. W., aged 15. September 10th, 1875, had his right arm run over by a mine wagon, producing compound comminuted fracture of lower third of humerus. Opened bowels; gave opium freely, and antiphlogistics; calomel, nitrate potassa, sponge baths; put parts up in leather splints; covered the considerably contused and lacerated wound with powdered tannic acid. Little constitutional irritation followed, but much local swelling, and oozing of serum through the powder dressing, which had to be daily repeated for more than a week, forming, then, a thick scab. At the expiration of seventeen days, when I left the region to re-enter hospital practice, union progressed nicely, and after some weeks perfect function was restored.

Case 18.—A. H., aged 6. April 23d, 1877, fell from a porch, striking on his left elbow, causing epiphyseal separation of external condyle of humerus, and dislocation forward of head of radius. For the reduction of the latter used extension from the hand; for the fracture rectangular splints. Now (May 17th) doing well. Examination and reduction made under chloroform.

Fractures of Forearm.

Case 19.—T. H., aged 16, driver of mules at mine. October 22d, 1872, had left forearm run over by a mine wagon, fracturing and scraping ulna at middle third; the seat of fracture lay open to view; radius scraped too, but not fractured; and skin of entire forearm had retracted up to elbow. Great local and constitutional irritation followed; swelling and incipient mortification, threatening loss of limb and of life. Cataplasms and other prescribed means aided nothing. Buttermilk was now applied as dressing, and the symptoms rapidly abating, was continued several days. Every ill-omen disappeared. Olive oil, very slightly carbolized, was now substituted; healthy granulations followed. We soon transplanted two or three patches of skin cut from our person, on the denuded arm; they grew, and in three months boy resumed work.

Case 20.—Baby C., aged thirteen months. January 15th, 1873, fell from nurse's arms, breaking right forearm, middle and distal third, green-stick fracture. On reducing fracture, applied pasteboard splints, which were removed in two and a half weeks with perfect results.

Case 21.—J. N., aged 11. March 19th, 1873, fell from a platform to the ground, fracturing right forearm, lower third. Shingle splints applied to arm, flexed at right angle across breast, thumb up. Splints removed in three weeks; union perfect.

Case 22.—E. C., aged 16. September 12th, 1873, fell on right hand, fracturing distal end of radius and dislocating wrist-joint. Both having been reduced, lateral splints applied as already indicated. Function restored in four weeks.

Case 23.—J. B., boy, aged 8. December 24th, 1873, fell from a mine wagon, fracturing ulna and radius of right arm at union of upper and middle third. Lateral splints; arm in usual position, thumb up. In three weeks splints removed; in four, good use of arm regained.

Case 24.—M. J., miner, aged 32. April 1st, 1874, received fracture of lower end of radius, with forward displacement. Usual position with lateral splints, which were removed in five weeks. Perfect union; but some stiffness remained for one or two months.

Case 25.—A. M., boy, age 7, fell down six stairs, May 18th, 1874, fracturing both bones left forearm. Splints removed in three weeks, with good union.

Case 26.—G. W., boy, age 6, fell from a horse's back, February 10th, 1875, fracturing both bones of right forearm, lower third. Splints removed in three weeks; good union, only the customary stiffness remained, yielding rapidly, as usual, to passive motion, fomentations, etc.

Case 27.—N. S., boy, age 9. July 4th, 1875, received fracture of both bones of right forearm, by being thrown to the ground in a scuffle. Both fractured in the middle third. Splints removed in 18 days; resumed work in fourth week.

Case 28.—Mrs. C., age 69. February 25th, 1875, fell, fracturing forearm, lower third. Usual treatment; but great stiffness, with occasional pain, remained many months, so that patient said it "had not been set rightly," and refused to pay for treatment.

Fractures of the Hand.

CASE 29.—J. H., boy, age 8, had his right hand caught in a revolving mine screen, fracturing (right leg and) third and fourth phalanges of right hand. The skin on back of hand was almost entirely scraped off, and fractured phalanges exposed. The loss of hand was severely threatened, but purges, poultices, later on carbolized oil and opium freely, gave eventually good use of hand, though third finger, being badly mashed and mortifying, was amputated.

CASE 30.—Mrs. D., age 43, had second phalanx of right little finger receive compound fracture, by stove falling on it. The distal parts simply hung by an isthmus of skin. A few horse-hair sutures in its circumference, imbedding it in cotton, and splinting, restored the member.

Note.—We published in REPORTER, some time ago, notes of four cases of complete union, where digits had been completely severed.

CASE 31.—G. Q., miner, age 47, had right hand caught between bumpers of mine wagons, fracturing second and third phalanges, denuding entire dorsal aspect of hand, and scraping the bones. Great swelling ensued; mortification and loss of hand seemed imminent; but purging, opium, light diet, cool drinks, and oil dressing saved the hand, though stiffness remains.

Fractures of Femur.

CASE 32.—W. A., miner, aged thirty-six. April 17th, 1873, received compound fracture of the middle of the left femur, by a fall of coal, from which was some hemorrhage; also severe contusion of the right side. Has been treated in English hospitals for syphilis; blood and secretions in bad condition. Fragments coaptated by extension; splints as follows—our usual method: Splint of sole-leather, padded, on under aspect of thigh, half encircling limb, reaching pretty well up to nates, pretty well down to knee; splint for upper aspect, same material, same size, meeting the other at the sides. The leg being then washed, and the hair shaved from both sides, a strip of double-thick adhesive plaster, some five inches wide, tapering at the ankles, being rapidly heated by applying its unspread surface to a cylindrical vessel filled with hot water, is applied down the outer aspect of the leg, from the knee; then, leaving loop in front of foot, up inner aspect of leg, to knee. In the centre, and on the inner surface of this loop, directly in front of the sole of the foot, is placed a square block; through its centre, and over a pulley fixed in the post of the bed, or otherwise fastened, on a plane with the ankle, runs a strong twine, to which is attached from twelve to twenty pounds, for the purpose of extension, according to the tendency to displacement, or to muscular spasms, in each case. Over this is then carefully applied a roller bandage, to above the knee; two splints, well padded, are then applied; an internal, from heel to upper third of thigh; an external, from heel to hip—the external wound, first of all, being covered with tannic acid powder. Internally, laxatives, opium, potass. iodid. and tr. cinchon. co. Patient did very well for two weeks, when I was called, at 2 o'clock A.M. His wife, by "*just crawling over him on her hands and knees*," had manifestly disturbed the fragments. Notwithstanding reaction, febrile symptoms, and delay occasioned by this not-to-be expected-under-the-circumstances display of the ruling passion, union progressed, though slowly. Sixth week put limb in starch bandage; in three months walked so evenly, though a little stiff yet, that I could not tell which limb had been broken had I not known.

CASE 33.—J. R., miner, aged twenty-nine. June 20th, 1873, received fracture of the middle of the right femur. Treatment same as in the foregoing case. Union in six weeks. Shortening, if any, not at all noticeable.

CASE 34.—B. T., girl, aged eight. October 20th, 1874, fell under a wagon wheel, which fractured right femur, lower third. Treatment as already indicated. No perceptible shortening.

CASE 35.—W. H., aged seventy years and three months. September 23d, 1873, his horse fell upon him, causing fracture of right femur, which I and Dr. P. H. Shultz, whose case it was, diagnosed as intra-capsular. Fifteen pounds of extension was appended, and a sand-bag internal and external to limb instead of splints. Patient removed extension in five weeks and arose on crutches. He got good union (best we can make out by careful examination of him this date, May 21st, 1877), with one and a half inches of shortening. He has, since that time, walked fifteen miles in one day, using neither crutch nor cane.

CASE 36.—J. M., miner, aged twenty-nine. December 3d, 1874, received compound fracture, lower third right femur, and dislocation of left

femur, by "fall of coal." On coaptation of fragments (the dislocation being first reduced by gentle manipulation), extension was applied as already described; sand bags also replacing splints, as in Case 35. Union in six weeks, with no perceptible shortening.

Case 37.—W. B., miner, aged thirty-four. June 25th, 1873, received compound comminuted fracture of left leg and thigh, by fall of coal. The limb was crushed to a jelly, and upper fragments of femur projected several inches; great shock; pulse 110, but intellect clear. I saw this in consultation with Dr. Shultz; the doctor asked, shall we amputate, which (notwithstanding apparent clearness of intellect and reserve strength) was decided negatively. Patient died in three hours.

Note.—The great desideratum in treatment of fractured femur is a hard, smooth, corn-husk mattress. It prevents troubles innumerable.

Fractures of the Leg.

Case 38.—M. F., girl, aged 3. October 4th, 1873, tripping and lateral strain caused fracture, or epiphyseal separation of styloid process of fibula, left leg. Treatment: applied a plaster-of-Paris bandage. Removed in three weeks. Perfect union.

Case 39.—J. W. R., merchant, aged 32. October 12th, 1871 (seen with Dr. Shultz), while attempting to pass between the bumpers of freight train (engineer suddenly reversed), received compound comminuted fracture of tibia, and simple fracture of fibula, upper third. More than three inches of tibia, its entire circumference, much comminuted, was removed; the soft parts on anterior aspect of leg were also much bruised and torn. The limb was placed in fracture box with movable sides; dressings, cold water, alternated with carbolized oil; free use of anodynes, quinia, brandy, milk, and beef tea. Although limb progressed fairly, patient at times grew impatient, and wished the limb sacrificed. From the sixth to the twelfth month after injury walked, with aid of instrument made by Gemrig; then, at my suggestion, dropped the instrument, relying on nature. Cartilaginous deposit, with little shortening, replaced the bone. Walks well, but lamely.

Case 40.—J. H., aged 10, slate picker at mine. May 14th, 1873, received compound fracture of right leg by being run over by a wagon. Wound covered with tannic acid, leg put up with sole-leather splints. External wound, which was not very large, firmly scabbed over in one week. Allowed to walk on crutches end of second week, and to walk on the limb in five weeks.

Note.—Another flange fracture.

Case 41.—R. C., aged 15, employed at mine. May 24th, 1873, received simple fracture of leg; run over by mine wagon. No tendency to displacement of the fragments. Limb tied up in or on a straw pillow; complete union in four weeks.

Note.—Another flange fracture.

Case 42.—H. R., miner, aged 28. June 17th, 1873, received compound fracture of right leg, middle; my notes, imperfect in this case, simply say, "by railroad cars." Then this also must have been a flange fracture. The lacerated and contused wound of soft parts was too extensive to admit of being closed by tannic acid in this case, but patient was doing nicely, on hard mattress, with leather splints adapted to limb and moderate extension, when, at end of two weeks, his friends, thinking he ought to have been cured up, gave him over to the care of a quack "bone setter." Patient, however, obtained good union, though some stiffness remained, due to loss of substance in soft parts.

Case 43.—P. D., miner, age 36. September 9th, 1873, received simple fracture of tibia and fibula, from "fall of coal." There being no displacement, tied the limb up in straw pillow, laid lengthwise under it. Union in four weeks.

Case 44.—M. S., laborer in foundry, age 17. October 1st, 1873, received compound fracture of leg, at the middle, by a casting, nearly one ton weight, falling on it, from a crane. Tibia protruded nearly one inch. Reduced the fracture, patient being placed on hard mattress; put on ten pounds of extension, leather splints, and a small sand bag on either side of limb; tannic acid on the wound. In four weeks walked on crutches; in six, without them. Not a particle of lameness or deformity remains.

Case 45.—M. S., miner, aged twenty-seven. July 10th, 1875, by fall of coal, had lower portion of leg and foot crushed to a shapeless mass. Attended this case in consultation with Dr. Shultz. Treatment: Flap amputation. Recovery with good stump.

Case 46.—J. C., miner, aged seventeen. December, 1877, received fracture of the right leg, middle, and severe contusion of left. Frac-

ture oblique; some tendency to displacement; slight extension with side splints. Commenced walking on the limb in five weeks.

Case 47.—W. D., miner, aged twenty-nine. May 5th, 1877, by a twenty-ton fall of coal, received a compound fracture of left leg, middle, and severe contusion of the left side. Upper fragment of tibia had perforated skin, and considerable venous hemorrhage flowed through this opening. Tannic acid to wound; lateral splints and extension, as fracture is oblique. Sixteen days have passed; wound is closed, and union progressing nicely, though difficult at first to retain fragments in situ. In a week will apply starch bandage, and let patient up on crutches.

Case 48.—W. E., miner, age 40, received compound fracture tibia and fibula, at work. Was called to see him ten days after the injury, having been attended by a quack up to that time. On entering the house smelled mortification. The limb was mortified to a short distance above seat of fracture, the middle of leg. Ordered brandy, cream, beef tea, and in four hours afterward performed the antero-posterior flap-operation. Good recovery. This was Dr. Shultz' patient.

Foot Fractures.

Case 49.—T. M., miner, age 45. August 28th, 1872, had fourth and fifth toes of right foot (both phalanges of each) mashed by fall of rock. The metatarsals were also severely crushed, and great tumefaction followed. I amputated both toes at metatarso-phalangeal joint, saving ball of foot, in possession of which patient might the better finish the race "set before him."

Case 50.—P. V., miner, aged 31. November 17th, 1873, had right foot crushed by a heavy piece of timber falling on it. Seven days later, when I saw the case with Dr. Shultz (he also saw it then for the first time), mortification was advancing rapidly up the foot. We performed Chohart's operation. Patient survived with good stump.

We thus present moderately fair results in our few years—literally few—of surgical practice, from giving due attention to a few important points:—

1. Taking a general and unbiased—not routine, imitative—view of each case that calls us.

2. Paying due respect to, but not following blindly and invariably, the rules, methods and precepts of the acknowledged "lights" of surgery; for has human brains or human knowledge gained their acme and goal, that further progress is impossible?

3. Putting secretions and excretions in order before expecting healing process to be established in bone or flesh.

4. Considering a smooth, hard mattress a *sine qua non* in fractures of lower extremity—as equal to three-fourths of the work.

5. Cautiously and scrupulously arriving at a diagnosis in each case; and having "set" the parts and instituted treatment, scrupulously and conscientiously carrying it out each day, to the end.

Medical Societies.

BRITISH MEDICAL ASSOCIATION.

SECTION A—MEDICINE.

(*Continued from page* 274.)

In the following session Dr. Julius Althaus discussed

Lateral and Posterior Spinal Sclerosis.

The author introduced his subject with some propositions on the nature and peculiarities of all the different varieties of primary and secondary sclerosis of the cord. He then traced the anatomical features of ataxy and spasmodic spinal paralysis, and analyzed the various symptoms met with in these diseases, with constant reference to the functions of the different portions of the cord in health. In this way, the disorders of motion, sensation, reflex excitability—more especially with regard to tendinous reflexion, which was absent in ataxy and increased in lateral sclerosis—the state of the vaso-motor and trophic nerves, and of the bladder, rectum, and generative organs, were gone into. The peculiar course of both diseases was then described and their causes ascertained. The paper wound up with a full discussion of the prognosis and treatment of these affections.

Dr. Balthazar Foster had seen one case cured by large doses of ergot, and certain cases fairly advanced by antisyphilitic remedies. He believed the continuous current did good, and that rest was a very valuable adjunct to treatment.

The President stated that in Edinburgh no case had occurred with the tendon-reflex present. If it were present, the reason probably would be that the nerve centre engaged in its production was intact.

Dr. Althaus, in conclusion, stated that he looked upon nitrate of silver and ergot as specifics when used early in the disease. He would give the former up to one hundred and twenty grains, watching for albumen during its use; of the latter, a drachm of the liquid extract, three times daily, for six or eight months.

Faradization and hydrotherapy, with salt baths and douches, were also useful. So also was damiana, a Mexican plant, which appeared to act specifically on the lumbar part of the cord, and was useful in vesical catarrh and sexual debility. Salicylate of soda in twenty-grain doses was useful to relieve pain and catarrh of the bladder. He recommended the same treatment for lateral sclerosis, and also the extract of Calabar bean.

Cases of Athetosis.

Fletcher Beach, M.B. (London), commenced by saying that cases of athetosis were sufficiently rare to merit a description, and to be brought before the British Medical Association. The three cases on which the paper was founded were imbecile children, aged respectively eighteen, eleven, and ten years. In the first, there was no evidence of hemiplegia or epilepsy having previously occurred; in the second, there was a probability, from the physical signs, that there had been hemiplegia (the history could not be obtained); in the last, the affection came on after a series of epileptic attacks while the patient was under observation in the Clapton Asylum. In the first case both sides of the body were affected, though the left was more so than the right; in the second and third, the left side was alone affected. The third case differed from the first and second in this respect; when the will was brought into action, some of the fingers became first partly extended, and then all except the forefinger became firmly flexed; while in the first and second the fingers, from the commencement, were extended and drawn widely apart. The condition of the limbs, in the first and second cases, had remained much the same while under observation; but in the third, they had become worse—there was less voluntary power. What was the cause of the first case it was difficult to say. The affection could scarcely have been produced at birth. The outline of the head showed it to be fairly symmetrical. The second case was probably due to hemiplegia; and the third followed what is known as "epileptic hemiplegia." Athetosis is quite different from chorea. The movements are less jerky and less uncontrollable than in the latter disease. It is also not a true paralysis. In the first and second cases there was considerable power present. The disease was no doubt due to some change in the gray and white matter of those portions of the brain which experiment as well as disease have shown to be concerned in the movements of the upper and lower extremities, and hence the want of control over the move ments. The first two cases had not been treated with medicine. In the last, the disease being recent, strychnia had been given.

Dr. W. R. Gowers spoke on

Syphilitic Neuroses.

The object of the paper was to examine the question of the extent to which syphilis is a cause of the affections of the nervous system distinguished as neuroses, from the diseases of the adneural structures, membranes, vessels, etc., which are known to be so frequently syphilitic. The conclusions were drawn from personal observation at the National Hospital for the Paralyzed and Epileptic, all cases being rejected in which any indication of primary "adneural" disease could be traced, or in which any other cause than syphilis could be assigned. The conclusions reached were that idiopathic epilepsy does not result from acquired syphilis, almost all cases of chronic convulsion after syphilis presenting indications of primary local brain disease, or else of inherited tendency to epilepsy. On the other hand, idiopathic epilepsy was found to be an occasional result of inherited syphilis. No case of the association of chorea and syphilis, inherited or acquired, had been met with, although a few cases are on record in medical literature. Certain forms of general paralysis certainly followed syphilis, but they rarely presented marked optimism. Paralysis agitans cannot be associated with syphilis, but progressive muscular atrophy seems to be an occasional distinct effect, although, in inferring this, care must be taken to avoid mistaking for it the results of pachymeningitis. Lateral sclerosis of the cord, it was thought, only occurs as a consequence of syphilis secondarily to pressure higher up, but posterior sclerosis (locomotor ataxy) is certainly one of the most common neural effects, many syphilitic cases having been met with in which there was no evidence of pressure or initial myelitis, but there had apparently been a primary slow degeneration of the posterior columns. Cases illustrating the several affections were appended to the paper. Dr. Gowers had found that most of the cases considered in the paper were not amenable to antisyphilitic treatment in the same degree as the primary adneural diseases; but in most of the cases the diseases had existed for some time before they came under observation, and the importance of the trial of early treatment by those who had the opportunity was strongly urged. If it were found that in these affections, as in some of the late manifestations of inherited syphilis, tonic rather than specific treatment was needed, it was probable that the connection with syphilis was an indirect one. Some observations on the prognosis in the common syphilitic diseases of the nervous system (of membranes, vessels, and growths) concluded the paper. It was urged that more caution in prognosis is necessary, by discrimination of the adneural syphilitic disease, which could be cured, from the neural effect, which was not syphilitic and was often beyond treatment.

Dr. J. Milner Fothergill described

Gout at the Heart.

"Gout affects the heart in two distinct ways: 1. The chronic inflammation of the aortic valves, to which old gouty persons are subject, producing a distinct series of sequences well recognized; 2. Temporary conditions of cardiac

embarrassment. These were, at one time, thought to be metastases from the joints to the heart. This view has been abandoned, though it is well known that cardiac disturbance may precede and be relieved by an attack of articular gout. The attacks of irregularity in the heart's action to which gouty persons are subject are often due to sudden arteriole spasm, raising the blood pressure in the arteries, so that the heart contracts with difficulty. Sometimes the attack is one of anginal character; at other times palpitation is present. The latter is probably the least serious of the two, as indicating that the heart can still actively struggle. But, so far as can be made out from the literature of the subject, gout at the heart has been the phrase used to describe the attacks of dyspnœa and cardiac embarrassment which are occasioned by a flatulent state of the stomach or colon, where the heart is pressed upon by an elastic air pressure, and thus beats under difficulties. Such a condition is very common with gouty persons.

SECTION B—SURGERY.

This section received the largest number of papers. The president was Mr. G. W. Callender, F. R. S., of London.

Mr. William Adams, F. R. C. S., spoke of

Subcutaneous Division of the Neck of the Thigh Bone.

He exhibited the man on whom he first operated, in 1869. This case formed the subject of a paper read before the British Medical Association in 1870. Soon after this the patient became a shopkeeper at Bath. The case was one of bony ankylosis of the right hip joint, with malposition of the limb, the thigh being flexed and abducted to an extreme degree, so that the heel of the right foot rested on the upper part of the left knee joint. The limb, therefore, was perfectly useless; and the only mode of progression was either with two crutches, or one crutch and a stick, which he generally used. This affection resulted from an attack of rheumatic fever, seven years before he came under Mr. Adams' care. Ankylosis of the vertebral articulations, through a considerable portion of the spinal column, had taken place, and contributed very much to the general appearance of deformity. As a result of the operation, bony ankylosis took place, and the limb soon became strong and useful. He has since remained well, and able to walk several miles without fatigue, and to carry weights. He soon dispensed with his crutches, and now generally used a stick, but only for the purpose of balancing his body. With regard to the results of the operation: since the publication of twenty-two cases, in a tabulated form, in the last volume of the *Medico-Chirurgical Transactions*, Mr. Adams had obtained the particulars of eleven additional cases, all successful. Five of these had been performed in America. Mr. J. Ashhurst, Jr., of Philadelphia, had operated upon three cases, and had also successfully performed Mr. Gant's operation three times. Dr. Lenox Hodge, of Philadelphia, and Dr. Broome, of Moberly, had each operated upon one case. Mr. Lund, of Manchester, had furnished the particulars of four additional cases; and Mr. Willett, of St. Bartholomew's Hospital, had operated upon two cases successfully. The American surgeons adopted the operation since Mr. Adams' visit to the International Medical Congress in Philadelphia, in 1876, where he read a paper on the subject. The total number of cases operated upon, amounted to thirty-three, and Mr. Adams had not heard of any unfavorable case, beyond those recorded in the earlier paper, of which one was fatal from pyæmia, and in two others deep suppuration contributed to a fatal termination after many months. As a general rule, the wounds had healed like tenotomy wounds, without any suppuration or local disturbance. In some cases a little suppuration at the wound had occurred, but only in a few cases had deep suppuration taken place; much of the success depending upon a judicious selection of cases and great attention to the minute details of the operation.

Mr. Edmond Owen, F R.C.S., read a paper on

The Anatomy of Hip-joint Disease in Childhood.

Mr. Owen demonstrated the anatomy of hip-joint disease in childhood, which he illustrated by specimens of two adult hip-joints. A hole had been made into the joint from the pelvis. It was stated that the most common cause of disease in children was a wrench of the ligamentum teres, by falls, etc. The effusion into the synovial membrane was illustrated by injecting water through the hole from the pelvis. When a small quantity was injected, the femur was abducted—the position stated to be that in the early stage of disease. When more was injected, the femur was flexed; but further injection did not produce adduction over the opposite thigh. This was explained as the result of tired muscular action, which required the rest and support offered by the opposite side. Some remarks were offered on the diagnosis of hip-disease. The increased space given by the altered position of the trochanter in the interior of the joint was shown by pressing on the trochanter, when the joint had been injected, and it was shown that the joint was at once emptied of a large proportion of its contained fluid. Mr. Owen considered that Thomas' splint was the only proper means of treating hip-joint disease.

(*To be Continued.*)

—Dr. Jürgens, Dean of the Medical Faculty of the University of Tübingen, has published the letter of some person in England, who was acting as an agent for several doctors, in which he endeavored to bargain for securing degrees for his clients, from the university, on payment of such sums as might be stipulated. He is informed, in a very public manner, that the University of Tübingen does not trade in degrees.

Editorial Department.

Periscope.

The Relations of Goitre to the Hemorrhagic Tendency.

Dr. R. B. Low has an article on this subject, in the *British Medical Journal.* The results of his observations may be summed up as follows:—

1. The water supply in limestone districts has a powerful influence in deteriorating the blood, causing dyspepsia, anæmia, and a want of contractile power in the blood-vessels, as shown by the development of goitre and tendency to hemorrhages, more especially flooding in childbed.

2. Goitre and the hemorrhagic tendency are aggravated, and sometimes even produced, by certain conditions: *e. g.*, overcrowding, bad ventilation, and damp dwellings.

3. Pregnancy assists in the development of goitre and the hemorrhagic tendency.

4. The predisposition to goitre and "flooding" is affected by consanguinity and heredity.

5. The best treatment for both conditions is change of locality, and the prolonged administration of some preparation of iron.

Septic and Aseptic Fever.

According to Gentz and Volkmann, in addition to the recognized septic form of traumatic fever, a second kind, an aseptic traumatic fever, must be noticed. It occurs commonly under Lister's surgical dressing, even when the wounds go on healing, without any local reaction, without pain or collection of pathological fluids. Among a thousand carefully and quite successfully treated severe wounds or operations running the usually successful course under the antiseptic method, in about one-third there was no febrile temperature; in the second third moderate increase of temperature; and in the last third marked fever. The rise of temperature in this fever is the only clinical symptom, while the ordinarily accompanying symptoms which characterize septic fever are altogether absent. Persons suffering from this aseptic fever, with temperatures up to 102° and 104° F., go about feeling subjectively quite well, and have moist skin and tongue; the quantity of urine is exceedingly large, and the chlorides are not diminished; the excretion of urea is increased corresponding to the pyrexia. Even in fever of this kind, of long duration, the loss of weight is very slight as compared with that which would occur under similar conditions in septic fever. The aseptic fever occurs in the treatment of wounds, even when these heal by first intention; it shows itself much oftener in subcutaneous ulcerations, severe contusions of the joints, and especially in subcutaneous bone fractures where considerable extravasation of blood, or compression of internal parts exists. Thus, of fourteen cases of subcutaneous fracture of the thigh in the hospital, only three were free from fever. In six of these febrile patients the temperature did not exceed 102°; in five it reached 102.2° to 104.2°; while, on the other hand, in subcutaneous fracture of the leg, in about half of the cases observed, no elevation of temperature was perceptible. The authors consider the aseptic traumatic fever to be a fever of absorption like the septic, only that in the latter heterologous and poisonous substances are absorbed into the blood, which undergoes a process of dissolution; while in aseptic fever there occurs in each an addition of substances which are not to be distinguished from those which are produced by physiological regressive metamorphosis of tissue and physiological products; the more abundantly as these products are formed by crushing or injury, the more intense is the aseptic fever.

Incubative Period of Contagious Diseases.

At the Clinical Society of London, in May, Dr. Murchison read an abstract of a paper upon this subject, based upon observations made in seventy-five cases, and extending over a period of twenty years. Observations upon the incubative periods of small-pox, of varicella, and of measles (about ten days), whooping cough, typhus fever, enteric and relapsing fevers, were given, and with the result that in neither of these diseases was the period of incubation fixed. The eruptive fevers in this respect fell, however, into two classes: one class comprised variola, varicella, measles, typhus, enteric fever, relapsing fever, and mumps; these had a long period of incubation; while erysipelas, diphtheria, dengue and scarlet fever had a short incubative period. As regards scarlet fever, its period of incubation was variously given as varying from two days to one month. In a paper published by himself in the *Lancet*, in 1864, he had analyzed twenty-three cases, in none of which did the incubative period exceed one week. The present paper comprised twenty-five cases, in two of which the incubative period was very short; in one, it did not exceed eighteen hours, and in the other (that of two children on board ship), it was less than twenty-four hours. In the well known case at the West End, some few years ago, where guests at a dinner party were subsequently attacked with scarlet fever, in none of them was the incubative period longer than five days. In fact, in none of Dr. Murchison's seventy-five cases was the period longer than six days; in forty-four, it did not exceed four days; in

sixteen, it did not exceed two days; and in fifteen cases was not twenty-four hours. Dr. Richardson's personal experience, Trousseau's case, in which the incubation period was seven or eight hours, and other well recorded instances of short incubative periods, were given; the result being the rule that if, after exposure to scarlatinal infection, a person were subjected to a week's quarantine, and showed no symptoms of having been infected, he was safe. Dr. Murchison had adopted this rule, and never known it fail. As regarded the point whether it was possible for a patient to communicate an infectious disease during the incubative period, Dr. Murchison gave some instances of small-pox which rendered it probable that such might be the case.

Cold Sponging in Tuberculosis.

The *Doctor* states that Dr. Pocagnik. of Vienna, according to *Memorabilien*, 3 Heft, 1878, is a warm advocate for cold sponging in phthisis. He prefers sponging to the cold douche, recommended by Brehmer, on account of the violent shock to the nervous system which the douche inevitably produces. Neither hæmoptysis nor great weakness is a counter-indication to the use of the cold sponge bath. Dr. Pocagnik's method of using the bath is as follows: On waking in the morning the patient rises, stands on a soft, warm rug, and sponges himself quickly from head to foot, with water at from 77° to 55° F., according to the temperature of the air. Roughly speaking, he may use either fresh running water or water that has stood in the room over night, according to the season of the year. He then rubs himself as thoroughly as possible with a rough flesh-glove, and finally dries himself by wrapping the body in a linen sheet. The entire process should not occupy more than five minutes. He then returns to bed, covers himself up well, but not sufficiently to cause perspiration, and remains quiet for half an hour or an hour longer.

The Management of Capsular Wounds of the Knee Joint.

At the close of an article on this subject in the *Ohio Medical Recorder*, for June, Dr. C. E. Beardsley, of Ottawa, sums up the treatment as follows:—

1st. In all wounds of the knee joints, inflammation with suppuration is the rule; and those admitting air within the capsule inevitably so.

2d. Where suppuration exists, to open up the capsule freely, with a fearless knife, is a proper and just course.

3d. Proper extension is *the* remedy to relieve pain and muscular irritability, also preventing anchylosis of the joint.

4th. Carbolic acid is a bacteriacide, and its use prevents suppurative action.

5th. We have implicit faith in the antiseptic felt, believing, as we do, it prevents bacteria and other germs of our atmosphere from entering the wound.

6th. We believe our atmosphere is loaded with living germs, and that they have a great influence on open wounds.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

MONTHLIES.

——*Scribner's Monthly* commences a new year with the October number, which is very superior. The prospectus for the coming year is unusually attractive. A new story, "Hawworths," by the author of "That Lasso' Lowries," will be one of the chief attractions of the year. "Falconberg" is continued, and "A Story of New Orleans," with the various illustrated articles on art, travel, history, physical and social science, manufactures, poetry, and "Topics of the Times," by Dr. Holland, will make it one of the most desirable monthlies for the home circle. This is the time to subscribe for the new year.

——*The Agriculturist* is above all the farmers' monthlies. Its cheapness, the ability of its information for the farmer himself; while the articles on household arrangements and culture of flowers recommend it to his wife, and daughters, and the children's page to the little ones. It is equally valuable to the resident of a country village as to the farmer, and should be in every household.

WEEKLIES.

——Of these "*Littell's Living Age*" is the one journal indispensable to all who would keep pace with the literature of the day. For choice poetry, the best of serial stories, scientific, critical, biographical, and political papers, it is unequaled. It is a weekly compendium of the best English thought of the Quarterly Review, the Spectator, Macmillan's and Cornhill magazines, Westminster Review, Chambers' Journal, and, indeed, all the best English journal literature.

——Of the newspapers, the *Germantown Telegraph* maintains its undisputed right as the family paper for country and town. Careful in its selection of serials and novelettes, choice in the language of its editorials and correspondence, and news items, the most fastidious parent cannot hesitate to place it in his family circle.

——The *Vermont Journal*, and the Cincinnati *Weekly Gazette* are family papers of more than ordinary value. We would recommend them heartily.

——Of our denominational weeklies, the *Evangelist*, the *Independent*, *Presbyterian Banner*, *Christian Advocate*, *Presbyterian* and *Zion's Herald*, are always full of interest, not only for their religious intelligence, but their well selected literary, scientific and political articles.

THE

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A WEEKLY JOURNAL,

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D. G. BRINTON, M.D., EDITOR.

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1879.

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LANDOLT. Manual of Examination of the Eyes.
SAYRE. Organic Materia Medica.

Besides, already published, Napheys' *Surgical Therapeutics*, Napheys' *Medical Therapeutics*, Dobell *On Cough and Consumption*, Bernard & Huette's *Operative Surgery*, Butler's *Medical Directory of the United States, etc., etc.*

HISTORICAL QUESTIONS IN SYPHILOGRAPHY.

The vexed question of the history and antiquity of syphilis has received some additional solutions of late, which deserve notice. There has long been a strife among countries and nations as to which is not the parent of this loathed disease. The English call it "the French disease;" the French "le mal de Naples;" Italy, in turn, throws it on Spain, and Spain charges it to America.

It would seem, from some recent antiquarian researches, that we shall be obliged hereafter to acknowledge the impeachment, and assent with the best grace we can to the allegation that it was a very familiar malady to the red man long before his white brother made his acquaintance.

Dr. JOSEPH JONES, of New Orleans, a very competent authority, has lately published the results of a series of studies on the osseous remains found in the stone graves and burial mounds in Kentucky, Tennessee and Louisiana. He finds that they bear unmistakable marks of the ravages of syphilis. Yet all antiquarian authorities unite in assigning the great majority of these remains to an age antecedent to that of Columbus. Such an argument, well supported, leaves no room for further discussion, and Dr. JONES is convinced that he has made no mistake. He writes:—

"So far from these evidences of the action of syphilis being mere '*traces* of periostitis, and constituting mere roughness or hyperostoses along the tibial shafts,' the bones are in many instances thoroughly diseased, enlarged and thickened, with the medullary cavity completely obliterated by the effects of inflammatory action, and with the surfaces eroded in many places. These erosions resemble, in all respects, those caused by syphilis, and attended by ulceration of the skin and soft parts during life. Furthermore, the disease was not confined to the 'tibial shafts;' bones of the cranium, the fibula, the ulna, the radius, the clavicle, the sternum, and the bones of the face exhibited unmistakable traces of periostitis, ostitis, endostitis, caries, sclerosis, and exostosis.

"The medullary membrane was evidently involved in many cases to an equal degree with the periosteum; the difference in the appearance of the products of the syphilitic disease being due, most probably, to the great quantity of fat and other loose tissues among which the vessels of the medullary membrane run. When thin

sections of these bones were carefully examined with the naked eye, and by the aid of magnifying glasses, portions were found resembling cancellous tissue, from the enlargement and irregular erosion of the Haversian canals, and increase in the number and size of the lacunæ; whilst other portions presented the hardened condition known as sclerosis. I observed in these bones, and especially in those of the cranium, the various forms of osseous ulcerations which have been described by pathologists as characteristic of the action of syphilis, viz.: rounded ulcerations with glazed surfaces, and marked hardening or eburnification of the bone beneath; tuberculated ulcerations, dependent not only on periosteal deposit, but upon chronic inflammation of the compact tissue itself; reticulated ulcerations, in which a network of periosteal deposit had formed, and which had been perforated by the ulcers subsequently forming and assuming the annular type. That these diseases of the bones were not due to mechanical injury, or to exposure to cold, is evident from the fact that they were almost universally symmetrical in their manifestations."

This description is minute and characteristic, and ought to set the matter at rest. It was not, therefore, without some surprise that, a few weeks since, we received a paper from Dr. Thomas Kennard, of St. Louis, containing the following passage:—

"Among the aborigines of America venereal disease was unknown, or at least unnoticed, until introduced by their civilized conquerors and destroyers, but now it is one of the most formidable agents at work in blotting out the existence of that savage race who once owned and occupied this Western Continent. Twenty years ago I stated, in an essay entitled "Medicine among the Indians," which was published in the September number of the St. Louis *Medical and Surgical Journal*, for 1858, that so far from the Indians having first imparted venereal disease to the white race, we have good reasons for reversing the statement."—*The Nature, Origin, History and Public Prophylaxis of Venereal Disease.*

Either the author has not seen, or not examined the testimony adduced by Dr. Jones.

The question whether syphilis was also ancient in Europe and the East is a separate one. It might have existed there, also, time out of mind. The bones from the catacombs, sarcophagi and ancient tombs should indicate its presence, if it then existed. The vague descriptions of ancient medical writers and satirists are certainly not clearly descriptive.

Notes and Comments.

New Books and Premiums.

We have the pleasure of announcing to our readers that we have in press, and shall have published before the close of the year, four valuable new works. They are—

Dr. Landolt (Paris). "Manual of Examination of the Eyes." Translated by Dr. Swan M. Burnett, of Washington, and copiously illustrated.

Dr. F. De Havilland Hall (London). "Differential Diagnosis; a Manual of the Comparative Semeiology of the More Important Diseases." First American edition, greatly enlarged, and extended to the peculiar phases of disease in this country.

Dr. William Goodell. "Lectures in Gynecology," taken from the clinics and practice of this popular teacher.

L. E. Sayre, ph.d. "Organic Materia Medica and Pharmaceutical Botany."

It is believed that all these works will be found of interest, and great practical utility to medical men.

We have concluded to offer them to our subscribers, *free of cost*, on the following plan:—If any one of our present subscribers will obtain for us a new subscriber to the Reporter for 1879, and remit us ten dollars for both subscriptions previous to February 1st, we will send him any one of the above books, postpaid, by mail, without charge.

Temperance Movements in France.

The French Temperance Society held a meeting recently in Paris. Dr. Ernest Magnan illustrated, in a most indubitable manner, that the convulsifying properties of the liquor called "absinthe" were due to the presence of this substance, and not to the alcohol it contained. The latter, also, produced convulsions, but they are of a clonic character, preceded by a form of delirium known under the name of delirium tremens; whereas the convulsions produced by absinthe are tonic, or of the epileptic type. Dr. Magnan further demonstrated, by experiments on animals, that among all the aromatic liquors generally employed, or those composed of essential oils, such as anisette, menthe, vermouth, chartreuse, etc., absinthe is the only one that has the unhappy effect of producing epileptic convulsions, the other toxic effects when these

liquors are taken in excess being due to the presence of alcohol, which exists in them in a concentrated form. Dr. Dujardin-Beaumetz illustrated the toxic properties of the different kinds of alcohol and brandies sold in commerce, and pronounced those distilled from wine or the juice of the grape as being the only spirits fit to be drank.

The Society passed resolutions to the effect that the governments of the different countries of the civilized world be invited to suppress, by all the means in their power, the abuse of alcoholic liquors; and that those employed for drinking purposes should be composed of spirits purified and rectified as much as possible, in order to remove from them the deleterious substances they contain; secondly, that a permanent international commission should be appointed, to gather together all the facts and information relating to alcoholism, and to study the various means at their disposal, with the view of continuing the work of that branch of the Paris International Congress on the use and abuse of spirits, which has just been brought to a close.

Iodine in Intermittent Fever.

In the Cincinnati *Lancet and Clinic*, July 27th and August 31st, favorable comment is made on the recommendation of a Russian with the formidable name, Nowodnitschauski, that tincture of iodine is very efficacious in ague. What's the necessity of introducing us to this long named foreigner, when Dr. James Y. Shearer told the readers of the Reporter the same thing nigh five years ago (January, 1874); and, before him, in 1871, Dr. Napheys had said the same, in the third edition of his *Modern Therapeutics?* Let us credit those of our own household when we can.

The Usefulness of Cremation.

Dr. LeMoyne, of Washington, Pa., takes advantage of the Southern epidemic to say a word in favor of his pet theory of cremation. It will be remembered that he has built the only crematory in this country. "Burial at any place" says the doctor, "is followed by baneful results, but a shallow grave in the sandy soil of the South, which is no absorbent, and cannot neutralize the gases, which commence to float up at once, is especially so, and more especially where the person dies of such a disease as the yellow fever. By cremation, while they dispose of the bodies more quickly than by any other mode, they at the same time purify."

He had just received a letter, he said, from Indianapolis, stating that a club had been formed in that city, having one hundred members from the first, and were now about to erect a crematory. Dr. Fletcher, one of the oldest physicians of the city, is at the head of it. The doctor gives it as his observation, as well as that of others interested in the matter, that a majority of the converts to the reform are of the gentler sex.

Condurango again in Gastric Cancer.

Condurango is not dead yet. In No. 33 of the *Deutsche Med. Wochenschrift*, 1878, Dr. Burkmann relates two cases of cancer of the stomach, so diagnosed by several skillful physicians, both very much relieved, and one quite cured, by the use of condurango bark, according to the form and dose recommended by Professor Friedreich (described in Napheys' *Surgical Therapeutics*, p. 464). Dr. Burkmann earnestly recommends this plan to his colleagues. He is careful, during the treatment, to forbid the use of opium or morphia. His words certainly deserve attention, for we are powerless before this terrible disease.

New Radical Cure for Hernia.

Professor Czerny, of Heidelberg, has now operated on eleven cases of hernia, with complete success in all, by his radical method. The patients varied in age from one and a half to seventy years. The precise details of his plan are not given in the Report of the German Association of Physicians; but it consists essentially in the obliteration of the hernial sac and the direct closure of the hernial orifice with sutures. In his early cases he employed catgut, but prefers silk soaked in a five per cent. carbolic acid solution. In most of his cases no febrile reaction followed the operation.

The Exhibitionists.

Every few weeks a new form of insanity is discovered and baptized. We had hitherto indulged the belief that those dirty fellows who have a penchant for showing their genitals to females do so out of "pure cussedness;" but now comes Dr. Lasegue, and shows that they do so through "an unavoidable yielding to an un-

controllable impulse;" that they are forced thereto by an "intellectual concentration;" and compares their involuntary tendency to discover their nakedness when they see a woman, to the similar tendency of a mathematician to plunge into his favorite speculations when he sees a geometrical figure on the blackboard! He names these peculiar beings Les Exhibitionistes. (*Gazette des Hôpitaux*, No. 51.)

We remember that Jean Jacques Rousseau, in his confessions, acknowledges that he had this impulse, and, of course, indulged it, until he came near getting a severe drubbing, which cured him. It is a remedy in which we have great faith in such cases, and recommend it as a specific for them.

Converts to Temperance Legislation.

The *Allgemeine Med. Central Zeitung*, August 21st, tells us that the Association of German Alienists have come out squarely in favor of fighting the misuse of alcohol by legislation. They say sanitary warnings and voluntary combinations, such as temperance societies, have proved inadequate; they have taken measures to bring the subject before the proper governmental authorities; and urge special legislation against "steady drinkers" (*gewohnheitstrinker*). Their definition of this term is—"Steady drinkers are those who constantly or periodically yield to intoxication, to the extent of losing, to some degree, their self-control and their capacity of attending to their business; who neglect their duties and become dangerous to themselves and those around them."

The Intervention of Physicians in Education,

by E. Seguin, M.D., in the October number of *The Sanitarian*, should not fail to attract the attention of parents, as well as all educators. Dr. Seguin is well known to be a physician of large experience and close observation, and the clearness with which he states the results of the overcrowding, bad lighting, and overtaxing of school children, is worthy of the most serious consideration on the part of the people and of State legislators.

The Causes of Sudden Death in Diabetes.

This question has been investigated by Dr. Cyr, in the *Archives Generales de Médecine*, January, 1878. Though not a very frequent termination, it is more common than hitherto supposed. He states the causes to be, either that the sugar in the blood changes to acetone, which produces an intoxication like chloroform; or remaining in the blood so alters the serum as to destroy the life of the blood corpuscles; or the marasmus produces adynamia of the heart; or there is dropsy of the ventricles of the brain.

Tattooed Marks on the Skin.

A question sometimes arises, in cases of personal identity, whether these marks ever disappear. Prof. Reese states, in his lectures on Medical Jurisprudence, that they do not once in a hundred cases or more. The black color, made with gunpowder, is the most durable; blue, done with India ink, next; the red of vermilion soonest to disappear. If they have disappeared from the arm, the coloring matter may be found in the axillary glands.

Medical Fees in London.

Apropos of our recent editorial on fees, we note a letter of a physician to the *Medical Press and Circular*. He prints his tariff on small slips of paper and hands one to each new patient.

Result: prompt payment and no grumbling. His scale is interesting, for comparison:—

Medical Fees Within the Four-mile Radius of London.

Single consultation or visit by day, one guinea.

Frequent consultations or visits by day, half a guinea.

Consultations or visits by night, one guinea.

Frequent consultations or visits by day to two or more of the same family, each person, seven shillings.

Frequent consultations or visits by night to two or more of the same family, each person, half a guinea.

Servants as by agreement.

Distant consultations, or visits in the country, the customary physician's charge.

A Large Heart.

Dr. John Morris, of Baltimore, writes us—

Mr. John H. Weaver, a well known undertaker of this city, died in May, 1877, after an illness of nearly two years. His disease was diagnosed, during life, as hypertrophy of the heart, with valvular insufficiency. Examination of the heart, after death, revealed the following conditions. Distance from apex of left ventricle to the origin of aorta, six and two-thirds inches;

thickness of left ventricle one and one-third inches; right ventricle one-third of an inch; weight *forty-four ounces*. It may be added that the valve held water very inperfectly.

Iodic Purpura.

Fournier (*Paris Méd. and Cour. Méd.*), describes this affection, which may be caused even by one dose of 60 centigrammes (9 grs.), but generally appears after two or three days. It is rare, as he has only seen about fifteen cases. It is a petechial eruption of spots of the very smallest size, about that of a millet seed; these spots are flat, and give origin to no local irritation, and always escape the patient's notice till discovered by accident. Thus, the physician ought to look carefully for them.

Correspondence.

FOREIGN.

Paris, France, September 1st, 1878.

Ed. Med. and Surg. Reporter:—

At the cliniques of Paris one very naturally expects to find much refinement and cultivated skill; it is a quality common in every profession in France, even ramifying the ranks of the husbandmen and trades people. The cabman, too, has a peculiar method, rather insinuating, and, withal, far more honorable than may be seen in most American cities.

The late eminent Dr. Sichel has a worthy son, representing very admirably the rare culture and genius of the father. Dr. Sichel has one of the most important and best appointed cliniques in Paris, at 12 Rue Jacob, in the Quartier Latin, where, indeed, all the cliniques are. We were delighted with his easy and rapid manner of extracting cataract. He makes the superior peripheral section with a narrow knife, like Græfe's, only it has a convex cutting edge, which, Dr. Sichel thinks, gives immunity from the serrated corneal wound said to result from section with a straight-edged knife. The section completed, iridectomy is done, making only a very small coloboma, including not more than one-tenth of the iris. The capsule is lacerated with a long, spear-pointed cystotome, and, by pressure with a shovel, made of tortoise shell, upon the scleral lip of the wound, making slight counter-pressure on the lower corneal margin, the lens glides rapidly into the shovel.

The dressing is the customary cotton compress, gently applied to the eye, while the fellow eye is closed by small bits of adhesive plaster only. In some cases a solution of eserine is instilled, to contract the pupil, and thereby, it is believed, limit the chances of cystoid cicatrix. In extraction no anæsthetic is used. The old stop speculum of Demarris being the favorite. The amount of separation of the lids is carefully guarded, to prevent abnormal tension of the hyaloid, by pressure upon the globe, or traction upon the opposite lips of the wound, through the agency of an extended retrotarsal conjunctival membrane. Chronic cases of interstitial deposit of plastic matter into the substantia propriæ corneæ are entirely removed by daily applications of the officinal tincture of cantharides, made directly, with a camel's hair pencil. These cases are generally the result of syphilitic or traumatic keratitis, and have constituted, for a long time, a part of the opprobria medicorum. The cases of total blindness actually restored to sufficient sight to read and pursue all the ordinary avocations in life stand as so many monuments to the skill and beneficence of Sichel. We were quite surprised at the results claimed for eserine in the treatment of the painful tension so often present in irido-cyclitis. We fear, however, that too often valuable time is lost in temporizing, when iridectomy might forever end the suffering by removing its cause.

In certain forms of painful tension resulting from the use of atropia, duboisine is found a convenient and efficient substitute; where this is not at hand eserine is again called into requisition.

The crayon of sulphate of copper is a favorite method of treating chronic trachoma, while the acute forms are treated by applications of solution of subacetate of lead, one part to five of water. These applications are made without regard to the presence of ulcerative keratitis, and surely create permanant corneal opacities. The nitrate of silver is likewise dangerous, for the same reason, though it, too, is unreservedly applied. In answer to my question, "do these cases of trachoma get well?" he said, "oh yes, certainly they do; but they have relapsed and come back again."

I saw several very melancholy cases of pannus, and lead and silver stains in the cornea, blepharospasm with entropium, caused, no doubt, by the harsh local treatment of a merely local manifestation of constitutional disease. It is the experience of many of the best practitioners in America and elsewhere, that trachoma acuta will not fail to grow worse under local astringent and highly stimulating applications, while caustics are uniformly fatal to the continuity of the conjunctival membrane. Quinine in antiperiodic doses, followed by iron, iodide of potassium, full nutritious diet, friction baths, and outdoor exercise, proves almost as uniformly successful in acute trachoma as in tertian or quotidian intermittent fever.

Unfortunately for me, Wecker was not at home, though his polite and accomplished *chef de clinique*, Dr. Masselon, had the kindness to show me much attention. He extracts cataract through a peripheral superior section, made with Græfe's knife; combines iridectomy; mak-

ing lateral laceration of the capsule, and, with a spoon scraping hard over the corneal surface from below upward, to force the lens out. Cortical portions are removed by repetition of the scraping manœuvre. In America such rude handling of the cornea would certainly create serious results, probably sloughing, certainly grave keratitis. The usual charpie dressing, with bandage, no anæsthetic.

This is one of the most famous cliniques, and certainly one of the largest in the world. And we regret to see that trachoma receives here, also, only the fashionable and destructive local astringent and caustic treatment alluded to above.

A case of a partially absorbed cataract, which some one had very bunglingly attempted to extract, was treated to a single puncture with an ordinary Bowman's stop needle, when two introduced from opposite sides would have enabled the operator to have passed the points through a common puncture in the centre of the field, and, by wide separation, make a large central opening. The subject was a young man in good health, and rapid absorption of the old lenticular matter would have restored useful vision without further instrumental manipulation.

The seton, for drainage in glaucoma and detachments of the retina, has, like Voltolini's gold rings for preserving the patency of perforations in the tympanic membrane, justly fallen by the wayside, and is now remembered by few, except the unfortunates who fell victims to its use. We had the painful misfortune to see several such cases in the poorhouse, and one in hospital, who had just suffered the necessary enucleation of an eye treated with the seton for the relief of what is now believed to have been only a temporary attack of painful tension.

Galezowski, who is not loved by some of his neighbors and brethren in the profession, has one of the principal cliniques in Paris. He is a great worker, and is justly deserving the enormous patronage he receives from every part of Europe. Professional visitors from every quarter of the earth may be seen in daily attendance. Dr. Galezowski examines with care, and explains, as he does so, every leading feature, or important point in his cases, as they come, passing them rapidly on to an assistant to carry out the treatment. He treats chronic trachoma by a still more horrible method than that hitherto mentioned; he excises with scissors the entire retro-tarsal conjunctiva, and completes the process of destruction with the mitigated lapis infernalis.

His extractions of cataract are very beautifully and successfully done, by the inferior peripheral section. He closes the eye operated on only, and confines his patients to bed for five days. He generally gives chloroform. He is the only one here who seems to have a due appreciation of oblique illumination and complete paralysis of accommodation for testing the dioptric conditions of the eyes of young persons. He pays America the compliment to use vaseline for all salves and pastes. He is also the only one here who recognizes the existence of tenia ciliaris. He treats it successfully with yellow oxide of mercury and vaseline paste. Dr. Galezowski is an acute and painstaking observer, who deserves to be better known in the United States, and less abused in Paris, even though he is a Polander.

Another very well ordered and large clinique is that of the skillful and accomplished Dr. Ed. Meyer, in Rue de l'Ancienne Comediés. Dr. Meyer often does McNamara's lateral section in extraction, always combining iridectomy.

He uses muriate of pilocarpine, 6 grains to the ounce of water, as the only local application in corneal ulcers, both acute and chronic. He thinks it milder and better than eserine. He treats acute trachoma with acetate of lead; and the chronic form with the crayon of copper. He thinks the result very satisfactory, and exhibited some cases of permanent blepharospasm with entropion, whose lids were lined with smooth, hard cicatrices, and whose corners were all stained. One case he had treated fourteen months, as I thought, to the evident disadvantage of the patient, though Dr. Meyer felt that great good had been done in prolonging the period of blindness. Papillary conjunctivitis, so often occurring in the course of subacute and chronic forms of catarrhal and blennorrhœal ophthalmiæ, receives vigorous cauterizations. Professor Coomes, and my accomplished assistant, Dr. Meany, will both testify to the almost uniform success attained in the treatment of all forms of trachoma, and conjunctivitis papillaris, at the Louisville Eye and Ear Infirmary, where silver and lead are both excluded from the list of therapeutic agents, and where relapses are rarely seen, except among those whose personal habits are uncleanly.

Ophthalmia neonatorum may be promptly arrested without caustics, however fashionable their use may have become. Like other acute inflammations, it yields kindly to soothing applications, and after the discharge has become purulent, mild astringents, as, for example, one grain of tannin, or half a grain of sulphate of zinc, etc. Here, in Paris, the abominable mitigated stiek, or solutions of silver, varying from ten to forty grains to the ounce of water, constitute almost the unvarying practice. And though good results are claimed, they appear as rare exceptions to the rule, on exhibition. Those cases so confidently announced to have made rapid and perfect recoveries are too often seen at the cliniques of other practitioners; they grow impatient under the painful applications, and increasing blindness drives them the rounds of the profession. In conclusion, I bear testimony to the uniform courtesy extended to American physicians visiting Paris, and to the high state of culture in the ranks of specialism, as well as the very numerous and valuable contributions ophthalmology has received from its votaries here.

DUDLEY S. REYNOLDS.

DOMESTIC.

Treatment of Yellow Fever.

Ed. Med. and Surg. Reporter:—

I notice in the Reporter, of August 31st, an article on yellow fever. I am a practicing physician in this country, and have had experience, not only in the malarial affections of this clime, but was a volunteer to the Savannah hospital during the epidemic of 1876, for a short period, and paid particular attention to the treatment of yellow fever at that time. I feel privileged, therefore, to make the suggestion that carbolic acid be injected into the cephalic vein of the right arm. I suggest that from one to two drops, with a small quantity of water, be injected by a hypodermic syringe into the vein, where, coming in direct contact with the poison (which must, after being inhaled, be carried into the blood), by its antiseptic virtues it destroys all germs, putting an end to the further progress of the disease. I know this is theoretical, and would be thought a dangerous experiment; but when death with its o'erwhelming legions knocks so hard at the door of youth and age, is it not our duty to try what we can, to stay its further progress? I hold that the blood would dilute the acid sufficiently to inject it into the veins in almost an undiluted condition, keeping up the treatment every four hours, or oftener, if necessary.

I was quite pleased with some pills I made the other day, which I tried upon a patient with bilious remittent fever, whose case I feared would assume a typhoid type. I took of sulphur and cinchonidia equal parts, and carbolic acid q s. to make about one-half drop to pill, and gave one every three hours. I ordered them given at intervals of three hours, and found the next morning that the fever had left him, almost entirely. I then gave small quantities of camphor, opium, ipecac, and calomel, and the last time left some cinchonidia and Dover powder, to promote rest and keep off fever. I discharged the case.

We generally give large doses of cinchonidia, which I find as good as quinine.

℞. Sulpho-carbolate of cinchonidia,
Sulph. cinchonidia,
Sulphur, āā grs. xv
Carbolic acid, gtt. iij. M.
Make pil. No. 6.

Sig.—One every three hours.

The above, as an antiperiodic, diaphoretic, and antiseptic pill, needs but little comment. I am sorry I have not been enabled to give it a further trial, before writing this, but would suggest the above combination for yellow fever, in larger doses. The patient had an action from the bowels next day. He had previously taken a purgative. I gave nothing else first day, but a small quantity of Dover powder, for the night, to promote rest. Cinchonidia might be introduced into the veins the same as carbolic acid. It certainly is a quicker way than by the skin, and not so apt to produce ulceration of tissue, though there might be some risk; but if we knew everything what would be the use to experiment. I would like to hear your views on the subject. J. G. Bullock, M.D.

Morrison Mills, Florida.

News and Miscellany.

The American Gynecological Society

Held its annual meeting in this city this week. It was well attended and a large number of valuable papers were presented. In our next issue we shall give a full report of the proceedings.

The American Academy of Medicine.

The American Academy of Medicine met in Easton, September 17th, at 2 o'clock P. M. Dr. Charles McIntyre delivered the address welcoming the body to Easton, and Dr. W. C. Cattell, president of Lafayette College, offered the use of the college building, in which the body met, and also invited the members to inspect and examine the buildings and college grounds. The meeting was then called to order by the president, Dr. Frank Hamilton, of New York city, and business concerning the academy transacted. Forty-five new members were admitted, all of them being either well known practitioners or editors of medical journals. This is the third annual meeting of the body, it having been organized in Philadelphia in 1876. Last year the meeting was held in New York city.

Report of the Epidemic for the Week Ending September 28th, 1878.

Abstract of Sanitary Reports received under the National Quarantine Act:—

New Orleans.—During week ended yesterday evening there were 926 cases of yellow fever and 332 deaths. For the last twenty-four hours there were 124 cases and 51 deaths. Total cases 8464, deaths 2700.

South Pass, La.— There had occurred, to the 26th instant, 42 cases of yellow fever and 2 deaths.

Morgan City La.—For the week ended yesterday evening there were 79 cases of yellow fever and 12 deaths. Total cases 145, deaths 30.

Baton Rouge, La.—From September 20th to 9 A.M. the 26th there were 221 cases of yellow fever and 7 deaths. Total cases 893, deaths 46.

Plaquemine, La.—During the week ended September 15th there were 16 deaths from yellow fever. 130 cases were still under treatment. The first case occurred August 1st. Total cases to September 15th 305, deaths 53.

Pass Christian, Miss.—12 cases of yellow fever and 2 deaths occurred during the week ended yesterday evening. Total cases 33, deaths 3.

Biloxi, Miss.—There were 5 cases of yellow fever and 1 death during the last week. Total cases 25, deaths 8.

Mississippi City, Miss.—8 cases of yellow fever and 1 death occurred last week.

Ocean Springs, Miss.—During the week ended yesterday evening 9 cases of yellow fever occurred and 5 deaths. Total cases 60, deaths 17.

Bay St. Louis, Miss.—There were 53 cases of yellow fever and 15 deaths during the week ended yesterday evening. Total cases 78, deaths 20.

Water Valley, Miss.—During the eight days ended September 21st there were 18 cases of yellow fever and 5 deaths. Total cases to that date 21, deaths 7.

Vicksburg.—58 deaths from yellow fever during the week ended yesterday evening, 14 of which occurred in the last twenty-four hours. Total deaths to date, 779. Assistant Surgeon Keyes reports "epidemic over, save a few sporadic cases."

Greenville, Miss.—Out of a remaining population of four hundred and fifty, 227 have died of yellow fever. 60 persons are now sick with the fever, mostly convalescent, and "material for new cases exhausted."

Grenada.—Since last report there have been 10 new cases of yellow fever and 3 deaths. Total deaths to yesterday evening, 274.

Port Gibson, Miss.—Total cases of yellow fever to last evening, 620. Total deaths, 110.

Memphis.—Deaths from yellow fever for the week ended September 26th, 297. Total deaths 2428.

Brownsville, Tenn.—During the week ended yesterday evening 67 cases of yellow fever and 22 deaths occurred. Total cases 197, deaths 66.

St. Louis.—During the past week, four deaths from yellow fever at quarantine. None in the city. Only two cases now under treatment at quarantine.

Cairo, Ill.—During the last week there were two cases of yellow fever, one of them a refugee. Total cases fourteen, and six deaths.

Louisville, Ky.—Eighteen cases and ten deaths from yellow fever occurred during the week ended September 27th. Nine cases and five deaths were among the inhabitants living within two or three squares of the Louisville and Nashville depot, where some unclaimed baggage of refugees had been stored. The first case among the inhabitants occurred September 23d. Total cases 95; deaths 36.

Cincinnati.—No new cases nor deaths from yellow fever within the last week.

Gallipolis, Ohio.—Since last report, to September 24th, 3 new cases of yellow fever and 5 deaths have occurred. 2 of the new cases are not traceable to the steamer "Porter." Total number of cases 31; total deaths, including the 6 on the "Porter," 17.

Chattanooga, Tenn.—A refugee was taken with yellow fever August 21st, and another September 6th. The first case among the inhabitants occurred September 18th. Total cases to last evening 41, deaths 26.

Mobile, Ala.—From September 20th to the evening of the 24th there were reported to the Board of Health as yellow fever, 11 cases and 7 deaths.

Key West, Fla.—No new cases of yellow fever the past week. One refugee died of yellow fever in Dayton, Ohio, September 21st. One case of yellow fever occurred in Philadelphia and one in Richmond during the same week; both were refugees from the South. Yellow fever prevails in a number of small towns in Louisiana, Mississippi, Tennessee and Kentucky, from which definite information of the number of cases and deaths has not been received. The fever is reported spreading to the plantations.

The Epidemic to be Investigated.

Washington, September 25th.—Dr. Woodworth, Chief of the Marine Hospital Service, left here to-night, for New York, to consult with the officers of the American Public Health Association in relation to the organization of a commission to investigate the yellow fever epidemic, he having received assurances which warrant him in organizing such commission, and the means to defray the expenses thereof are being contributed. A special meeting of the American Public Health Association will be called to advise the line of the investigation, after the preliminary work shall have been done in the infected districts. The commission will be designated in a few days, and active work will be commenced without delay.

Congress of Legal Medicine.

This was one of the many congresses at Paris this summer. It passed the following resolutions: "That the government be asked to establish in France institutions which have been at work for years in Hungary, Austria, Prussia, Belgium, Holland, etc., having for their object the formation of experts in legal medicine and experts in toxicology, remunerated by the State, and who shall be elected by *concours*, having for its basis trials essentially practical; that, with the object of educating such experts, a great extension should be given in the different faculties of medicine to courses of practical legal medicine, such as M. Devergie first established at the Morgue in 1834, and which has been reopened last year at the request of Professor Vulpian, Dean of the Faculty; and that special courses for instruction in toxicological analysis be opened at the Ecoles de Pharmacie.

Physiological Effects of Altitude.

A prominent Englishman informs a London newspaper that he has lived for months together in Thibet, at an elevation of more than 15,000 feet above sea level His pulse, at ordinary heights only sixty-three per minute, rarely fell there below 100, and his respirations

were double what they usually were. A run of 100 yards would quicken his pulse and respiration more than a run of 1000 yards would at sea level; and the greater the height the more difficulty attended any rapidity of movement. Crossing an elevation of 20,000 feet, he was troubled to breathe quickly enough; he had frequent and violent headaches, and found that his Thibetan guides suffered far more than he—a practical argument in favor of Anglo-Saxon endurance.

War and Pestilence.

What is pestilence compared with war? Last week we gave a list of the physicians who have fallen before the yellow fever. But here is the number of deaths, etc., among the military doctors and their assistants from the commencement of the Russo-Turkish war.

	Sick.	Died.	Wounded.	Killed.
Doctors	692	94	2	—
Assistants	1915	217	28	13
Apothecaries	48	5	—	—
Veterinary Surgeons	30	5	—	—

Those young men who were allowed to leave their medical courses at the various universities, to assist the military surgeons, have been ordered back to resume their studies.

Climate of Cyprus.

The climate of Cyprus is not so bad as some of the English doctors have made it out. Mr. R. H. Lang, late British consul for the island, writes, in *Macmillan's Magazine*:—

"It is inhabited, and has been from time immemorial, by a perfectly healthy and robust native population, free from all serious sickness, and living to a hale old age. A climate of which this can be said is not justly called unhealthy. Facts, however, often carry more conviction than reasoning, and it is a fact that I lived in Larnaca, and went about the island summer and winter, during nine years, and never enjoyed better health anywhere. My sister did so during four years, with a similar experience.

Cremation Called For.

A correspondent writes to the daily *Times*, of this city—

In epidemics like the present burial is too slow, too laborious, too expensive, demands too much of the living and gives too much opportunity for dissemination of disease by the unburied corpse, which is, after all, only put out of sight, not out of danger to the living. Cremation would remedy all this. For ourselves, we should have a decided objection to having thousands of yellow fever victims hastily buried in shallow graves in and around our city, for us to breathe and drink and eat for months to come. And yet, if chemistry teaches anything, it is that this is what becomes of organic remains.

Personal.

—Dr. A. S. Payne, of Fauquier county, Va., a young practitioner of promise, lately committed suicide by shooting. The cause is said to have been disappointment in love.

—The eminent surgeon, Dr. Billroth, of Vienna, seems to combine with his other useful functions that of a provider of Professors for other Faculties. Five of these he has already placed, besides numerous chief surgeons and operators in the various provinces of the Empire. Among them are Gusserow, von Winiwarter, etc.

—Fadia Ali, and Nageeb, the first a Turkish doctor, and the second his student, have settled in East Tennessee, with some other members of a Turkish colony.

—Dr. William S. Edgar died recently at Paris, Ill. He had long practiced in St. Louis, where he also edited the *Medical Journal*, and in 1874 he was elected President of the Medical Editors' Association of the United States.

Items.

—The number of congresses which are being held in Paris in connection with the International Exhibition is so great, that the *Gazette Hebdomadaire*, announces that it is unable to give any detailed account of them, but must content itself with giving a sort of bird's-eye view. The medical congresses include those of Hygiene, Medico-legal Science, Demography, Anthropology, Temperance, Anti-tobacco, Preservation of Infant Life, Advancement of Science, etc.; the last being the most important.

—Extraordinary cases of hydrophobia are reported from New York and Indiana. At Poughkeepsie, David Bell, a youth, who was bitten early in July last, died last week with unmistakable symptoms of the dread disease, and at Smithland, near Shelbyville, in the latter State, a man named Pyles was attacked with hydrophobia, which he ascribed to the bite of a mad dog, received twelve years ago.

—A nurse in a Glasgow hospital has had to pay £5 damages and costs, for taking, without the consent of the boy's parents, some healthy flesh from the arm of a juvenile patient, in order to graft it upon the body of another.

MARRIAGES.

CASE—GARROW.—In Pittsburgh, Pa., September 12th, by Rev. S. H. Griffith, rector of St. James' Episcopal Church, A. G. Case, M.D., and Miss Jennie R. Garrow, both of Pittsburgh.

DEATHS.

LACKEY.—Died, at Maywood, Ill., August 30th, 1878, Freddie, youngest son of Dr. R. M. and Francis A. Lackey, aged three years.

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(Laureate of the Institute of France.)

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is due to the fact that it retains the important alkaloids IN COMBINATION, — a combination which in practice is *preferable to perfect isolation or separation* of these alkaloids.

In addition to its superior efficacy as a tonic and anti-periodic, it has the following advantages, which greatly increase its value to physicians : —

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4th, It meets indications not met by that Salt.

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C. GILBERT WHEELER,
Professor of Chemistry."

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TESTIMONIALS.

"WELLFLEET, MASS., Nov. 17, 1876.
"I have used CINCHO-QUININE, and can say without any hesitation it has proved superior to the sulphate of quinine. J. G. JOHNSON, M.D."

"MARTINSBURG, MO., Aug. 15, 1876.
"I use the CINCHO-QUININE altogether among children, preferring it to the sulphate.
DR. E. R. DOUGLASS."

"LIVERPOOL, PENN., June 1, 1876.
"I have used CINCHO-QUININE, obtaining better results than from the sulphate in those cases in which quinine is indicated.
DR. I. C. BARLOTT."

"RENFROW'S STATION, TENN., July 4, 1876.
"I am well pleased with the CINCHO-QUININE, and think it is a better preparation than the sulphate. W. H. HALBERT."

"ST. LOUIS, MO., April, 1875.
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GEORGE C. PITZER, M.D."

"RICHMOND, VA., March 28, 1877.
"I believe that the *combination* of the several cinchona alkaloids is more generally useful in practice than the sulphate of quinine uncombined.
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Member Va. State Board of Health, and Sec'y and Treas. Medical Society of Va."

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"I have used several ounces of the CINCHO-QUININE, and have not found it to fail in a single instance. I have used no sulphate of quinine in my practice since I commenced the use of the CINCHO-QUININE, as I prefer it. F. C. BATEMAN, M.D."

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"F. A. GAMAGE, M.D."

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CONTENTS:

ORIGINAL DEPARTMENT.

LECTURE.

ANDREWS, EDMUND.—A New Searcher, for Detecting Minute Fragments of Stone in the Bladder..... 307

COMMUNICATIONS.

BERGER, M.—A Case of Aneurism by Transfusion..... 308
VANCE, REUBEN A.—Irritable Testis..... 309
Classification and Nomenclature of Diseases of the Skin..... 311

HOSPITAL REPORTS.

King's County Hospital, Flatbush, L. I.—Service of Dr. P. L. Schenck, and Dr. J. C. Hutchison.—Varices; Hemorrhoids; Exsection of the Knee Joint; Pediculated Tumors of the Labia Majora—Removal by Thermo-cautery..... 312

MEDICAL SOCIETIES.

The Third Annual Meeting of the American Gynecological Society..... 313
The American Academy of Medicine..... 316
British Medical Association.—Morbus Coxarius; Spinal Disease Treated by Sayre's Plaster Jacket; Genito-urinary Surgery; The Issue in Eye Diseases; Removal of Foreign Bodies from the Ear; Treatment of Chronic Ulcer of the Leg; Obstructed Nasal Respiration..... 317

EDITORIAL DEPARTMENT.

PERISCOPE.

The Active Principle of Ergot..... 320
On Contagious Pneumonia..... 320
Effects of Rhubarb and Santonin on the Urine.. 321
The Eucalyptus in Malarial Disorders..... 321

BOOK NOTICES.

A Treatise on the Science and Practice of Midwifery (Playfair)..... 321
A Guide to the Practical Examination of Urine (Tyson)..... 321
Notes on Current Medical Literature..... 322

EDITORIAL.

DREAMS AS REVELATIONS OF FUTURE EVENTS.. 323

NOTES AND COMMENTS.

Quinoidine as a Febrifuge..... 324
Unparalleled Fecundity..... 324
Pressinervoscopy..... 325
The Bael as an Astringent..... 325
Sunlight and Solarization in Health and Disease 325
Bronchial Catarrh, from Bromide of Potash..... 325

CORRESPONDENCE.

More Courage Needed (Moore)..... 325

NEWS AND MISCELLANY.

Weekly Report of Epidemics for the Week Ending October 5th, 1878..... 326
Puerperal Fever in Prussia..... 327
Dr. Atlee's Will..... 327
The Oldest Man..... 327
Personal..... 327
Items..... 327
Nothing Like Confidence..... 328

OBITUARY.

Dr. J. Knight Uhler; Dr. J. Theus Taylor; Dr. T. H. Jewett; Dr. Thomas W. Lamb; Dr. Joel Darrah..... 328
MARRIAGES AND DEATHS..... 328

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THE

MEDICAL AND SURGICAL REPORTER.

No. 1128.] PHILADELPHIA, OCT. 12, 1878. [Vol. XXXIX.—No. 15.

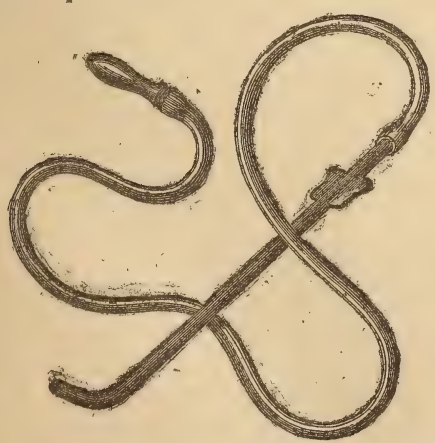
Original Department.

Lecture.

A NEW SEARCHER, FOR DETECTING MINUTE FRAGMENTS OF STONE IN THE BLADDER.

BY EDMUND ANDREWS, A.M., M.D.,
Professor of Surgery in Chicago Medical College.

Gentlemen—During a former clinic I showed you this instrument, which I have devised for detecting very minute fragments of stone in the bladder. At that time I applied the instrument in your presence, and gave you an opportunity to observe the loud sound it transmitted to the ear when the stone was touched. The calculi then discovered were, however, fully of average size, so that they gave you no opportunity to test the new searcher upon minute particles.



I now present you a patient whose calculus is extremely small, so much so, that it gives no jar to the finger nor sound to the ear when touched by an ordinary steel searcher.

Some weeks ago the patient had symptoms of the descent of a stone through the left ureter, and ever since has shown some very slight symptoms, as though the little object was still in the bladder. We will now insert the new instrument; but first let me recall to your memory its simple structure. It consists of a thin metallic tube, like a catheter, only it is closed at the curved end, having no fenestrum. The curve is rather abrupt, and the bend short, as in the ordinary steel searcher. The straight extremity is open, and is inserted into a small rubber tube two feet in length, and terminating in an ear piece, such as is used by aural surgeons in listening to the tympanum. I now oil the metallic part, and inserting it into the bladder, feel for the stone, in the ordinary manner, omitting, for the present, to use the ear-piece. There is not the faintest jar or sound to be felt or heard. Now see what a difference the auscultation tube will make. I take the ear-piece and place it in my auditory meatus, and again search for the stone. I now hear with perfect distinctness the delicate "click" of some hard particle in the bladder, so small that it conveys no sensation to the fingers holding the instrument. This shows the extreme delicacy of this species of auscultation.

Withdrawing the searcher, let us insert this small lithotrite and endeavor to seize the stone. Opening the blades and turning the short beak backward, I close them gently. There is evidently some hard object in its grasp, for the blades do not quite close. I now draw it gently out and present it for your inspection. You see

we have a little urinary calculus, scarcely larger than a grain of wheat, which would never have been detected by the ordinary steel searcher. Inserting the instrument again, and feeling carefully in every direction, I find no more pieces; still I will renew the search daily for a few days, when, if no more calculi are found, I shall pronounce the patient cured.

Soon after I showed you this instrument for the first time, some weeks ago, Sir Henry Thompson, of London, brought before a learned society in that city a rather complicated apparatus having precisely the same object as this, but very different in its construction. His contrivance is very ingenious and interesting. It consists of an ordinary steel searcher, to which is attached a galvanic battery, and the new carbon electric apparatus, called the microphone. The microphone, as you know, magnifies sounds, so that the touch of the sound on a very small piece of calculus is rendered distinctly audible when the sound reaches the microphone.

I doubt not that Sir Henry's apparatus works well, so far as detecting the stone is concerned, but the necessity of attaching to it a regular battery and a microphone is a serious impediment to its convenience and portability. I think that the delicacy of perceptions obtained by my instrument must be equal to that of Sir Henry's, while in lightness and simplicity it is much superior.

Probably the most important application of the new searcher will be, in cases of lithotrity, to search the bladder for the last minute fragments of the stone, and to determine when they are all removed. It is always a matter of great anxiety with the surgeon to determine this point. It is also capable, if modified in form, of discovering hard foreign bodies in the œsophagus, the stomach, the nostrils, the rectum, and in fistulas, and deep wounds, as well as in the trachea and bronchi, during tracheotomy. It can also be attached to probes, to detect fragments of necrosed bone in the bottoms of deep sinuses.

Another advantage is, that where fistulas are crooked, or bladders are obstructed by overhanging prostatic lobes, so as to defy the entrance of rigid instruments, flexible tubes with metallic tips can be used, which will slip around the curves and obstructions, and send audible reports to the surgeon's ear, of sequestra, foreign bodies, or calculi, which are inaccessible to all ordinary probes and sounds.

Communications.

A CASE OF ANEURISM BY TRANSFUSION.

Presentation of Case by M. Berger, at Soc. de Chirurgie, Sept. 11th, 1878. Opinions of MM. Lannelongue, Desprès and Le Dentu, on Prognosis and Treatment.

Reported by M. J. Halloran, Acting Externe at Le Charité Hosp. Service of M. Berger.

On the 17th of August, 1878, Herbert Dodat, butcher, aged twenty years, was brought into the service of M. Gosselin, at La Charité. A short time previously, as he was engaged in his avocation, a knife had slipped from a piece of meat he was cutting, and entered the groin on the right side. A very profuse hemorrhage declared itself immediately, and the patient fell, in syncope. Soon after his arrival at a neighboring drug store a tampon of cotton-wool dipped in perchlor. ferri was applied, and the hemorrhage ceased, but not until the patient had lost a great quantity of blood. This tampon was left in place after his arrival at the hospital until the following day, when, as there was no secondary hemorrhage, the tampon was removed; a small punctured wound was then observed about two and a half inches outside and somewhat below the pubis. At this moment there was no thrill, the pulse could be distinctly felt in the tibial posterior, and part in the popliteal artery, and in the external iliac. As there had been no secondary hemorrhage, the compression alone having sufficed to arrest the hemorrhage, M. Berger thought that the vein alone had been wounded. However, all preparations were made to arrest any hemorrhage that might supervene. The day after there was a perfectly distinct thrill in all the region; a souffle could be heard over the vena cava inferior, and all along the internal aspect of the limb, down to the popliteal artery. A few days after a small pulsatile tumor appeared in the region, and M. Berger operated by compression, by means of a tampon of agaric saturated with carbolized lotion. The tumor disappeared, but a slight excoriation was produced where the agaric had been applied. At this time a soft bruit de souffle was heard with the first sound of the heart, and was ascribed to the anæmia resulting from loss of blood.

After three weeks' stay at the hospital, there exists yet a very strong thrill over all points of the region of the triangle of Scarpa, and the

souffle over the same points is just as distinct as at first. The general health of the patient is very good; he eats well and sleeps well; the cardiac souffle has disappeared; the limb affected is not in the slightest degree discolored or colder than the other, and M. Berger presents the patient to the Societé de Chirurgie (of Paris), and asks the opinion of his colleagues on the prognosis and manner of treatment to be adopted in this case; as to whether it would be necessary to continue the compression to prevent the formation of a false aneurism. After examination of the patient, M. Lannelongue "thinks that he is not yet out of danger; three weeks of repose is not sufficient in these cases; there is yet a somewhat inflammatory state of the region. He advises that compression should be operated directly on the point where the knife entered, as compression directly above would not prevent the passage of blood from the artery into the vein, and he considers that this compression should be continued for some time. The prognosis he regards as not grave; he has seen one case which had existed in the same region for a year without trouble to the patient. Desprès fears that compression operated on a part already excoriated, in a case like this, would not be without danger. He recommends a light compression with cotton wadding, and a spica bandage. M. Desprès is also of the opinion that no operation such as cutting down to and tying the artery above and below the wound would be admissible at present, but that later it might be necessary. He has seen a similar aneurism in the arm of a young girl, where an elephantiasic œdema declared itself each time that the compression was laid aside. M. Berger fears that a tight compression made on the point might cause the perforation of the skin already excoriated; he intended to effect a permanent compression by means of an English rupture bandage, but fears to do so at present. The idea of an operation had not presented itself to him in connection with the case. M. Le Dentu thinks that in this case the compression, operated with precaution, and conjoined with absolute rest, would be the only form of treatment proper to pursue at present. He thinks the case of the young girl spoken of by M. Desprès entirely exceptional, as one rarely sees œdema supervene in these cases; as for cutting down to the artery, and passing a ligature above and below the wound, he considers it an operation almost always fatal; in one case in his practice, where a coagulum, which had arrested the hemorrhage in a wound of the femoral artery and vein, suddenly detached itself, he was obliged to tie the two ends of the artery, to arrest the hemorrhage; the patient seemed to do well during a few days, but the symptoms of septicæmia making their appearance, as a last resource, and in consultation with M. Tillaux, the amputation of the limb was decided on; but its performance delayed the fatal result but a few days. In this case he had not tied the ends of the vein at the wound, but would, if a similar case presented itself to him. He considers that so dangerous an operation should not even be thought of in this case. In accordance with the opinion of the society, M. Berger has this morning (12th September) commenced the compression by means of a tampon of cotton-wool and a spica bandage. Your readers will be informed of the further progress of the case.

IRRITABLE TESTIS.

BY REUBEN A. VANCE, M.D.,
Of Gallipolis, Ohio.

Despite the statement to that effect in a recent and very valuable work on genito-urinary diseases, I doubt if surgeons who have treated many cases of this affection will concur in denominating it a species of neuralgia of the gland. The excessive sensitiveness of the organ is shown by the agony which the most careful contact, or the most insignificant shock will induce. Sometimes this morbid sensitiveness exists all over the gland; again, it is only one spot that is affected. In the case of the patient whose history I desire to allude to in this connection, the whole left testicle at first seemed to be morbidly irritable and hypersensitive; on more careful manipulation it was found that the organ could be handled without exciting pain, provided the observer was careful to avoid touching the globus major, part of the body of the epididymis and a small section of the gland adjacent to those parts. When the patient walked along the street, and a fold of his clothing came against the above enumerated parts, the agony excited would be almost unendurable. His sufferings came on gradually. One morning in January, 1877, this patient noticed that his left testicle seemed unusually sensitive. It gradually grew worse, and a month afterward he was in much the same condition as when he came under my observation,

in August, 1877. At that time he wore an anxious, worn and broken appearance, which would attract attention anywhere, and he informed me that for several weeks he had been utterly incapacitated for either mental or physical labor. He could ascribe no cause for the development of the disease; he assured me that he was a man of chaste habits and moral life, and that he neither abused his genital organs nor subjected himself to such temptations as would excite his animal propensities. He mentioned falling down stairs in December, 1876, and striking the lower part of his abdomen against a footstool, but did not think the accident could have contributed to the development of his disease. The testicle was neither swollen nor unduly congested, and there were no local indications of disease other than the great sensitiveness of the parts already enumerated. The local treatment prescribed at first did the patient no good, and when he came to town for further advice, in October, he was greatly discouraged. He then told me that he had been under the care of several physicians since January; that none of them had done him any good; in fact, he believed he was worse at that time than he had been for months. One particular symptom, he remarked, of late development, caused him an amount of distress that was simply inconceivable. For instance, when gas generated in his bowels, and passed into the large intestine, if he made an attempt to prevent its immediate discharge by contracting the muscles of the rectum, the same sensation was felt in the testicle as if that organ had been suddenly and forcibly compressed. On this account he had latterly avoided all society.

My attention having been attracted to this last symptom, more, perhaps, from my inability to explain it, than from any other reason, I finally determined to make a rectal examination. The patient readily assented to this, and bore all my manipulations unflinchingly until I endeavored to test the sensibility of the parts above the upper margin of the base of the prostate; as soon as I brought my finger in contact with the anterior wall of the rectum the patient screamed with pain, and I had to conclude my investigation at once. This distress was located in the left testicle; on my asking the question directly, he said he believed that there was pain at the base of the bladder, which radiated down the left spermatic cord, but his answer was so manifestly suggested by my question that I placed no reliance upon it. After thinking the matter over, I explained to him my reasons for believing that counter-irritation over the base of the prostate and the region of the vesiculæ seminales would do him good, and obtained his consent to that plan of treatment. He had such a horror of a digital exploration of that region, that I placed him in the knee-chest position necessary for the introduction of Sims' speculum, and in lieu of the latter, used a Kramer's ear speculum. Upon separating the blades of the latter when introduced sufficiently far to include the internal sphincter, I found the anterior wall of the rectum completely distended, and had no trouble in applying vesicating collodion over the whole region corresponding with the prostate and vesiculæ seminales. After keeping the parts exposed to the air until the collodion dried, I withdrew the speculum, after placing in contact with the vesicant a wad of cotton saturated with glycerine. In an hour after the application was made the patient took passage on an Ohio river boat, for his home, near Cincinnati, promising to return in a week or ten days. At the expiration of the appointed time I received a letter from this gentleman, in which he said that his progress had been "splendid," and that circumstances were such that he could not visit me before the first of December. During the first week of December I met him on one of the river boats, in compliance with the request he telegraphed me. He said that he noticed nothing unusual for several hours after I applied the collodion to the rectal aspect of his genito-urinary organs; then a sensation of smarting and burning was developed, and caused him great apprehension. This kept him uneasy for two days; accident then led him to notice that his testicle was no longer so sensitive as formerly. When his bowels moved he suffered a little, but he experienced no pain in his testicle. In short, in a week from the day the application was made to the rectum the morbid sensibility of his testicle had completely subsided, and in July, 1878, he told me there had been no return of the trouble.

While one case proves but little, there can be no objection to quoting the foregoing as an illustration of the efficacy of counter-irritation in a case of irritable testis, in which the probabilities are that the disease was of traumatic origin. Far more important than the question of the cure of this case by local applications to

the rectal aspect of the genito-urinary organs, is the point illustrated by the method of treatment. The same principle which permits the surgeon to heal the diseases of the uterus under sight is equally available in the treatment of diseases of the lower bowel in both sexes, and bids fair to prove of great service in the prevention and cure of an important class of genito-urinary affections in men. Counter-irritation in the same way described in the foregoing case has relieved five patients with disease of the prostate gland during the past three months. The application of vesicating collodion has likewise proved efficacious in preventing epididymitis in two cases with urethritis, who were threatened with swelling of testicle a few weeks since.

CLASSIFICATION AND NOMENCLATURE OF DISEASES OF THE SKIN.

ADOPTED BY THE AMERICAN DERMATOLOGICAL ASSOCIATION.*

Class I.—Disorders of the Glands.

1. *Of the Sweat Glands.*

Hyperidrosis.
Miliaria crystallina.
Anidrosis.
Bromidrosis.
Chromidrosis.

2. *Of the Sebaceous Glands.*

Seborrhœa (*a*) oleosa. (*b*) sicca.
Comedo.
Cysts. (*a*) milium, (*b*) wen.
Molluscum sebaceum.
Diminished secretion.

Class II.—Inflammations.

Exanthemata.
Erythema simplex.
Erythema multiforme. (*a*) papulatum, (*b*) bullosum, (*c*) nodosum.
Urticaria.
Furuncle.
Anthrax.
Phlegmona diffusa.
Pustula maligna.
Herpes. (*a*) facialis, (*b*) progenitalis.
Herpes zoster.
Psoriasis.
Pityriasis rubra.
Lichen. (*a*) planus, (*b*) ruber.
Eczema. (*a*) erythematosum, (*b*) papulosum, (*c*) vesiculosum, (*d*) madidans, (*e*) pustulosum, (*f*) rubrum, (*g*) squamosum.
Prurigo.
Acne.
Impetigo.
Impetigo contagiosa.
Impetigo herpetiformis
Dermatitis.* (*a*) traumatica, (*b*) venenata, (*c*) calorica.
Erysipelas.
Ecthyma.
Pemphigus.

* See Medical and Surgical Reporter for September 21st, p. 250.

Class III.—Hemorrhages.

Purpura. (*a*) simplex, (*b*) hæmorrhagica.

Class IV.—Hypertrophies.

1. *Of Pigment.*

Lentigo. Chloasma. (*a*) locale, (*b*) universale.

2. *Of Epidermal and Papillary Layers.*

Keratosis. (*a*) pilaris, (*b*) senilis.
Callositas.
Verruca.
Clavus.
Cornu cutaneum.
Verruca necrogenica.
Xerosis.
Ichthyosis.
Ichthyosis of nail.
Hirsuties.

3. *Of Connective Tissue.*

Scleroderma.
Sclerema neonatorum.
Morphœa.
Elephantiasis Arabum.
Rosacea. (*a*) erythematosa, (*b*) hypertrophica.
Frambœsia.

Class V.—Atrophies.

1. *Of Pigment.*

Leucoderma.
Albinismus.
Vitiligo.
Canities.

2. *Of Hair.*

Alopecia.
Alopecia areata.
Alopecia furfuracea.
Atrophia pilorum propria.

3. *Of Nail.*

4. *Of Cutis.*

Atrophia senilis.
Atrophia maculosa et striata.

Class VI.—New Growths.

1. *Of Connective Tissue.*

Keloid.
Cicatrix.
Fibroma.
Neuroma.
Xanthoma.

2. *Of Vessels.*

Angioma.
Angioma pigmentosum et atrophicum.
Angioma cavernosum
Lymphangioma.

3. *Of Granulation Tissue.*

Rhino-scleroma.
Lupus erythematosus.
Lupus vulgaris.
Lepra. (*a*) tuberosa, (*b*) maculosa, (*c*) anæsthetica.

* These indicating affections not properly included under other titles of this class.

Scrofuloderma.
Syphiloderma. (*a*) erythematosum, (*b*) papulosum, (*c*) pustulosum, (*d*) tuberculosum, (*e*) gummatosum.
Carcinoma.

CLASS VII.—ULCERS.

CLASS VIII.—NEUROSES.

Hyperæsthesia, (*a*) pruritus, (*b*) dermatalgia.
Anæsthesia.

CLASS IX.—PARASITIC AFFECTIONS.

1. *Vegetable.*

Tinea favosa.
Tinea tricophytina. (*a*) circinata, (*b*) tonsurans, (*c*) sycosis.
Tinea versicolor.

2. *Animal.*

Scabies.
Pediculosis capitis.
Pediculosis corporis.
Pediculosis pubis.

HOSPITAL REPORTS.

KING'S CO. HOSPITAL, FLATBUSH, L. I.

SERVICE OF DR. P. L. SCHENCK, AND DR. J. C. HUTCHISON.

Varices. Hemorrhoids.

The treatment of certain venous dilatations by the injection of coagulating fluids has for a long time occupied the attention of surgeons. It is thought that the dangers attending the operation have been greatly exaggerated, and that were this method tried oftener it would be used in preference to all other means of treatment. A number of cases of varices and hemorrhoids have been treated in this way at the hospital, with good results in every case.

In eight cases of varices the diseased veins were injected with a solution of subsulphate of iron. The patients operated upon were of an average age of fifty-two years, the oldest being seventy-six years and the youngest thirty-three. In three of these cases only one injection of the coagulating fluid was necessary. Two cases received injections in three points, two in four points, one in six and one in seven points. The injection was managed in this manner: The saphenous vein being compressed by the hand of an assistant, the surgeon punctured the dilated vein with the needle of the syringe, and carefully injected from five to fifteen minims of the solution of iron. The rapidity of the coagulation was remarkable. Frequently on withdrawing the needle a few drops of blood spurted out, but were coagulated as they fell, and dropped on the floor firm clots; and this although the coagulating solution used was very weak, being only one part of the solution of subsulphate of iron to thirty of water.

This weak solution of iron appeared to produce the desired effect as completely and rapidly as the pure tincture ferri per chlor. recommended by Erichsen, or the stronger solution of subsulphate, of one in ten, mentioned in Napheys' recent work. Perhaps, also, the weakness of the solution accounts for the absence of pain on injecting it, and the absence of subsequent inflammation. In only one case did any inflammation whatever make its appearance, and in this case it resulted in adhesive inflammation with obliteration of the vein. The cure seems to be accomplished in one of two ways. Either by the establishment of a firm and hard clot immediately, which was the rule, or by subsequent inflammation, which was only just sufficient to close the vein by adhesion of its walls. When the clot appeared it could be plainly felt as a hard, firm mass under the finger, and in three cases no inflammation ensued.

Five cases of hemorrhoids were also treated by injection, carbolic acid being used, however, instead of the subsulphate of iron. The proportion of acid to olive oil was much greater than that ordinarily used, being three parts of acid to one part of oil. Yet the injection gave no pain. The first effect on the pile was to coagulate the albumen in its walls, which became white and shriveled up finally. In only one of the five cases did sloughing take place, no inflammation occurring in any of the others. The results were all permanent cures. This method of treatment is adopted now in almost all these classes of cases in this hospital, and with uniform success. The sketch of the cases here given answers for them all.

SERVICE OF DR. P. L. SCHENCK.

Exsection of the Knee-joint.

Lawrence Gafney, age 35, Ireland, was admitted to the hospital in January, 1878, suffering from synovitis of the right knee-joint. He said that during the summer of 1876, he was employed in setting drains and making sewer connections, and that this work required him to be on his knees most of the time, often in damp places. In January, 1877, his trouble first commenced. The first symptom which he noticed was a slight pain on the inner aspect of the joint. It felt as if something caught there, every time he stepped. This pain got no better, but became so severe as finally to disable him, and he came to this hospital for treatment. Since then he has had a succession of abscesses in the vicinity of the joint, with suppuration in the joint itself, not, however, profuse, but occasionally even ceasing altogether. He has been able to walk about a little, with the assistance of a crutch. His family history is good, and he himself denies ever having had venereal. At the time of the operation, although somewhat emaciated, he was quite strong, and his general condition was good. Exsection of the joint was determined upon, and September 5th the operation was performed by Dr. Schenck. The incision was in a curved line, with its convexity inferior, extending from one condyle to the other (Mackenzie's incision), and passing

sufficiently far below the patella to cut the ligamentum patella at its insertion in the tibia. After dissecting back the flap, the patella was removed, as advised by Malgaigne, the lateral and crucial ligaments severed, and about half and inch of bone removed from both femur and patella. The joint was in a bad condition. The patella was much eroded, and throughout the joint all the articular cartilage had disappeared, except at one small circular place on the posterior part of the outer condyle. The cancellous structure of the bone showed evidences of fatty degeneration. After the operation the whole surface of the wound was sponged with pure carbolic acid (No. 1). This is almost always done after capital operations in this hospital, and does not seem to prevent union of the opposed surfaces. On the contrary, it delays suppuration, thus giving the patient an interval in which to recover from the shock of the operation, and it also, by virtue of its power as a local anæsthetic, relieves pain. No wire bone sutures were used at all, but the limb was placed in a long cradle splint, with wire centre, and two drainage tubes were introduced, one going into the wound, and the second passing through the orifice of a previous abscess in the posterior part of the limb, thus securing free exit for all discharges. One week after the operation the patient was doing well. There had been some elevation of temperature toward night, but the febrile movement has been very slight.

SERVICE OF DR. J. C. HUTCHISON.

Pediculated Tumors of Labia Majora—Removal by Thermo-cautery.

Mary Donnelly, aged twenty-two, Scotland, was admitted to the hospital August, 1878. About six years ago she had primary syphilis, with suppurating inguinal glands. Some time after this she noticed a little nodule in the left labium, and shortly afterward she observed that the right labium was enlarging. Both labia increased in size very slowly, until about one year ago, since which time the growth has been very rapid. On admission, there were two pediculated tumors, of the shape of flattened ovoids, growing, one from each labium, and adjacent to the points of attachment there was much foreign deposit in the vulva. There were several places in which the tumors had ulcerated, and it was determined to remove them by the thermo-cautery, that of Paquelin being the one used.

The operation was performed slowly, by burning through the morbid tissue, with the knife at a dull-red heat, in order to prevent hemorrhage. About twenty minutes were consumed in removing both tumors. After the operation it was necessary to ligate four bleeding vessels on one side, and one on the other. The pure carbolic acid was also used in this case, and the wound was dressed for the first few days with carbolized water. By the end of a week the thin coating of charred tissue had sloughed off, leaving a clean granulating surface. The weight of the tumors was one pound and eight ounces, the left being a little the largest. The patient has done well since the operation.

Medical Societies.

THE THIRD ANNUAL MEETING OF THE AMERICAN GYNECOLOGICAL SOCIETY.

The American Gynecological Society held its third annual meeting in this city, on September 25th, 26th and 27th, 1878, the use of the Hall of the College of Physicians having been tendered them for this purpose. A dinner, given at St. George's Hall, by the Philadelphia Obstetrical Society, and a reception by Prof. Goodell, at his residence, were the prominent features of the entertainment. The published Transactions of this Society are highly esteemed by those most interested in this special branch of medicine, who will be glad to learn that the papers presented at this meeting were fully up to their established standard. No questions of business requiring consideration, the entire time of the Society, holding two meetings a day, was devoted to the reading and discussion of papers, which were presented in such number that some of great importance were unfortunately crowded out, and were not reached when the time for adjournment arrived.

The president, Dr. Peaslee, of New York, having died during the past year, the first vice-president, Dr. Goodell, presided at the meetings, which were largely attended by the profession of this city. Dr. A. H. Smith, of Philadelphia, delivered a brief address, welcoming the Society to Philadelphia.

The following were in attendance: *Fellows*, Drs. Fordyce Barker, Thomas Addis Emmett, Emil Noeggerath, T. Gaillard Thomas, and P. F. Mundé, of New York; John Byrne and H. J. Garrigues, of Brooklyn; D. Trask, of Astoria, L. I.; D. Humphreys Storer, Geo. H. Lyman, A. D. Sinclair, Wm. L. Richardson, and Jas. R. Chadwick, of Boston; Gilman Kimball, of Lowell, Mass.; S. C. Busey and J. T. Johnson, of Washington, D. C.; H. P. C. Wilson, of Baltimore; Jas. P. White, of Buffalo; W. H. Byford, of Chicago; J. C. Reeve, of Dayton, O.; H. F. Campbell, of Augusta, Ga.; Geo. J. Engleman, St. Louis, Mo.; and Wm. Goodell, R. A. F. Penrose, Albert H. Smith, Thos. M. Drysdale, and Ellwood Wilson, of Philadelphia; and Dr. John L. Atlee, of Lancaster, Pa., *Honorary Fellow*.

A number of guests were invited to take part in the discussion.

Wednesday, September 25th.—A case of "Rupture of the Perineum without Implication of the Vulva," was reported by Dr. J. C. Reeve, of Dayton, O., which was discussed by Dr. White, of Buffalo, who believed that the perineum could generally be saved by the use

of the forceps; when this seemed ineffectual he recommended lateral incisions, to prevent it from tearing directly backward.

Dr. Sims not being present to read his exhaustive paper on "The Surgical Treatment of Stenosis of the Cervix Uteri," the Secretary presented it for him, and read abstracts from it. Dr. Sims advocates antero posterior incisions in the cervix, when there is marked anteflexion accompanied by hypertrophy of the posterior lip. He recommended Simpson's operation of bilateral incision when there is no such hypertrophy, and the os points directly backward. He had performed Sim's operation in nearly a thousand cases, and reported two deaths.

In the discussion, Drs. Fordyce Barker, Ellwood Wilson, Noeggerath and Emmett advocated resort to milder measures, and condemned a cutting operation where a less dangerous substitute can be found. Dr. Wilson, of Baltimore, believed that, if appropriate cases are selected, the operation is justifiable; he had performed it in nearly a hundred cases, with one death, from peritonitis.

A case of "Extra-uterine Pregnancy, with Discharge of Fœtal Bones through the Bladder," was reported by Prof. Jas. P. White, of Buffalo. The discussion betrayed a general conviction that, except in the presence of symptoms threatening danger to the mother, no operation should be attempted for the removal of the growth.

Prof. J. T. Johnson, of Washington, reported a case of "Head and Foot Presentation, in which a Fracture of the Spine occurred in Utero," which elicited reference to several other cases of intra-uterine fracture. In a case of head and foot presentation, Prof. Penrose had succeeded in accomplishing version and delivery by placing a fillet around the presenting ankle, and having traction continuously maintained by an attendant, while he pushed up the head with one hand in the vagina, aided by the other upon the hypogastrium. This case was complicated by a placenta previa.

"The Necessity for Early Delivery, as Demonstrated by the Analysis of 161 Cases of Vesico-vaginal Fistula," was considered in a paper read by Dr. T. A. Emmett, of New York. He attributed this accident to delay in the second stage of labor, often due to a distended bladder, and advocated the use of the catheter and the forceps. He had never seen a case of this injury directly attributable to the use of the forceps.

Dr. Albert H. Smith endorsed the position taken by Dr. Emmett, and said that at the Philadelphia Lying-in-Charity, where it is the rule to apply the forceps early when delay occurs in the second stage of labor, out of nearly 11,000 cases, vesico vaginal fistula was known to have occurred in only one patient. In this case there had also been laceration of the uterus.

Dr. Fordyce Barker spoke in high terms of the paper, which, he said, was in accord with the most advanced obstetric teachings of the present day. He strongly urged the use of the catheter in all cases, before delivery by the forceps.

Dr. J. L. Atlee said that the great cause, in primipara, of vesico-vaginal fistula, was the early administration of ergot.

Dr. Emmett recommended, where impaction of the head in the pelvis occurs, so that the catheter cannot be used, that a distended bladder be evacuated by the aspirator, which may be done as safely as in the male. He laid down the rule, that when the head ceases to recede after each pain the forceps should be applied.

Dr. Goodell opposed the hasty resort to the forceps by young and inexperienced men. Lacerations of the neck of the uterus have been frequently caused by it, in his experience.

Thursday, September 26th.—A paper was read on "The Use of the Hand as a Curette in Post-partum Hemorrhage," by Dr. H. P. C. Wilson, of Baltimore. In an obstinate case, where, in spite of large doses of ergot, the uterus would not remain contracted, but relaxed four or five times, ordinary manipulation also having failed, Dr. Wilson found that by scraping the inner surface of the uterus with the finger nails, used like a curette, he had succeeded in stopping the bleeding. He believed this to be a valuable expedient, acting upon the same principle as the curette is used in metrorrhagia.

Professor R. A. T. Penrose recommended, in his paper on the "Treatment of Post-partum Hemorrhage," the use of vinegar applied on pieces of linen to the inside of the uterus. He had found it safe, efficient, antiseptic, and readily obtainable.

Dr. T. Gaillard Thomas, of New York, thought that in the great majority of cases uterine inertia causing post-partum hemorrhage is due to some mismanagement of the later stages of labor. He advocated turning out the clots and the injection of alcohol or hot water, in which recommendation Dr. A. H. Smith concurred.

Dr. Engelman, of St. Louis, spoke in favor of mopping out the uterus with solutions of persalts of iron, which was generally condemned; Dr. Chadwick being of the opinion that it had produced septicæmia in some of his cases.

Other causes of post-partum hemorrhage, such as the hemorrhagic diathesis, lacerations of the uterus, retained portions of the placenta, the existence of fibroid tumors, may be present, besides simple uterine atony or inertia.

Dr. Fordyce Barker said that in very easy labors, where the fœtus is expelled so rapidly that the uterus has not time to contract, and in protracted labors, where the uterus becomes exhausted, bleeding may occur. He also called attention to the danger of laceration of the cervix by introducing the hand into the uterus.

Dr. Goodell delivered the Annual Address by the President, choosing for his topic "The Relation of Neurasthenia to the Diseases of the Womb," in which the existence of uterine disorder as the symptom or result of diseases of the gen-

eral system, and malnutrition of the nerves particularly, was dwelt upon in a masterly manner. Cases where local treatment had been pursued for months without good result, were reported cured by rest, seclusion, good diet, massage, and electricity, and the details of this plan of general treatment were explained, being much the same as taught by Dr. S. Weir Mitchell, in "Fat and Blood, and How to Make Them."

Dr. Byford, of Chicago, read a valuable paper on "Dermoid Tumors of the Ovaries," based upon four cases, in which he performed ovariotomy. The history of these cases in detail was given, showing the following differences in character. Case 1, was a dermo-ovarian cyst, containing hair, sebaceous matter, and colloid fluid, which contained the ovarian cell. Case 2 possessed similar characteristics, except that it had no colloid fluid; it was a simple dermoid cyst. Case 3 contained integumentary material, in which was imbedded more than a hundred teeth, besides sebaceous and fatty matter, and a wisp of blonde hair; a true dermoid cyst. Case 4, a multiple tumor of slow growth, each cyst containing fat, matted hairs, some of which were twenty inches long, and a half arch of teeth like those in the superior maxilla, an incisor and three molars springing from the integumentary tissue; there was no bone.

A dermoid tumor was defined to be a cyst formed anywhere in the body, the lining membrane of which, either wholly or in part, consists of dermic tissue. When the ovarian cyst contains only dermic tissue, it forms a simple dermic tumor, such as may occur in any part of the body; when, however, it contains colloid or ovarian fluid, in addition, it becomes a mixed neoplasm, a dermo-ovarian tumor; containing bony tissue or teeth, it forms the true dermoid tumor of the ovary.

Dr. Noeggerath, in response to an invitation from the chair, gave a very clear description of the formation of these tumors, on the theory of Waldeyer. At an early period of the development of the ovum, before the differentiation of special organs, in the layers of the blastodermic membrane some adhesion takes place between the outer and middle layer. Subsequently this attached portion becomes included by the union of the adjacent parts of the epiblast. By this process some of the cells of the external layer are included; and thus these tumors are always found external to the mucous layer. This inclusion may take place in the Wolffian body, and account for the presence of epidermic cells in the stroma of the ovary, which may take on rapid development. They also occur in other portions of the body, where they receive less attention.

"A Contribution to the Study of the Treatment of the Acute Parenchymatous Nephritis of Pregnancy," which was presented by Dr. Wm. L. Richardson, of Boston, was highly praised in the discussion that followed. He recommended that when in the albuminuria of pregnancy the urine becomes scanty, medical measures be at once instituted, as the patient is in great danger. If these means fail, recourse must be had to premature delivery. Hypodermic injections of pilocarpin (one-sixth of a grain) were highly spoken of as a diaphoretic in these cases.

Dr. Atlee recommended bloodletting in convulsions, and by this treatment he had never lost a case. This practice was endorsed by Dr. Fordyce Barker, who said that lives have been saved by it. It is a prophylactic against convulsions, and is a protective against the effects of the convulsion. It removes part of the poisonous material, and supplements the action of the kidneys. Where marked albuminuria occurs, it often happens that nothing will relieve the case but the induction of premature labor.

Dr. Lyman, of Boston, referred to epileptic and hysterical convulsions occurring after delivery, which require a different plan of treatment than the congestive form. He would fear to bring on delivery in the cases mentioned, because by this means convulsions might follow. Eclampsia may not make its appearance until some time after delivery.

Friday, September 27th.—Dr. S. C. Busey, of Washington, reported a case of "Alternating Anterior and Posterior Version of the Uterus, Caused by an Elongated Cervix."

The operation of "Gastro-elytrotomy" was discussed and described by Dr. H. J. Garrigues, of Brooklyn.

Dr. Thomas, being called on by the chair, said that he had originated the operation, and performed it upon the living woman, before he knew that it had been previously devised and attempted by Rütgen and Baudelocque. The operation has been performed five times in all. Three of the mothers are still living, and three of the children were saved. In comparison with Cæsarean section, he did not consider it more difficult, while better results may be expected, from the facts, that in it the cavity of the peritoneum is not opened, the fundus uteri is not injured, and free exit is offered to the fluids. He thought the reported cases proved the operation to be perfectly legitimate, and much safer to the mother and child than Cæsarean section.

Dr. Nathan Bozeman said that in these cases there is great danger of rupture of the ureter, as it runs along the side of the vagina. This is a very serious accident, and only one case of recovery from it had been reported.

Dr. Thomas replied that he did not carry his dissection far enough back to encounter the ureter, and did not think this accident could have happened in his successful cases.

A paper on "The Problem of the Obstetric Forceps," was presented by Dr. A. H. Smith, who opposed a lateral movement of the forceps in delivering the head, and insisted upon the importance of direct traction with the axis of the canal, on account of the injury of the maternal tissues produced by the pendulum movement.

A general discussion followed the reading of the paper, in which was advocated the princi-

ple that the forceps should be used for direct traction, but that slight swaying movement might be given to the blades of the forceps where some mechanical impediment existed. It was admitted, however, that in unskillful hands this proceeding might be abused, with great danger to the mother.

"Rectal Alimentation in the Nausea and Inanition of Pregnancy," was the title of a paper by Dr. H. F. Campbell, of Augusta, Georgia, detailing a case in which, for fifty-two days, life was sustained alone by this method, enemata being employed twice daily. By an experiment on a kid, Dr. Campbell determined that these injections traversed the entire small intestine.

On motion of Dr. White, a resolution of thanks to the Secretary for his valuable and otherwise unrequited labor in superintending the publication of the Transactions, and performing the duties of his office, was adopted unanimously.

A vote of thanks was also passed to Dr. Goodell, as presiding officer of the meeting.

The following are the officers for 1879:—*President.*—T. G. Thomas, M. D., New York. *Vice Presidents.*—D. H. Storer, M. D., Boston; and H. P. C. Wilson, M. D., Baltimore. *Council.*—T. A. Emmett, M. D.; A. H. Smith, M. D.; J. Byrne, M. D.; G. J. Engelman, M. D. *Treasurer.*—P. F. Mundé, M. D. *Secretary.*—J. R. Chadwick, M. D. *Honorary Members.*—J. S. Billings, M. D., of Washington, D. C.; and J. Matthews Duncan, M. D., of London. *Active Member.*—Nathan Bozeman, of New York.

It was decided that the next meeting of the Society will be held on the third Wednesday in September, 1879, at Baltimore, Md., and an adjournment took place.

THE AMERICAN ACADEMY OF MEDICINE.

This society, whose annual meeting we chronicled last week, met at Easton, this State. Dr. Chas. McIntire, of Easton, delivered the address welcoming the Academy to Easton, in the following substance:—

Mr. President, Fellows of the American Academy of Medicine—

Gentlemen—In endeavoring to express the welcome which each and every element of culture of the place to which you have been invited desires to extend to you, I am guided by various motives which urge to a common end. As an Eastonian, having a full knowledge of her generous hospitality, I can cordially, in her name, bid you be at home. The speaker then proceeded to speak of our town, its advantages and facilities, its interest and its fitness for educational pursuits. Of the connections afforded by the use of the iron horse with the outside world, and that it was ever opening its doors to progress. He paid a glowing tribute to Lafayette College and its celebrated corps of instructors, who either speak to us from the grave or are still living among those who are making the college so illustrious. He referred to the growth of the college, the noble proportions it was attaining each year, and the sons who have gone out from its walls, many to positions of honor and usefulness. We profess to feel the necessity for a more thorough preparation for the members of our profession, and it remains with us to impress upon the world the greater ability resulting from such educational preparation. Our work must be the offspring of careful work, of honest experiment. Dr. McIntire then referred to the workings and object of the Society, and said that as a physician it gives me pleasure to welcome you, who have so high an object for your existence in society. And so it is, gentlemen, in whatever relation we meet you, we are happy in welcoming you, glad indeed that we have the opportunity to talk of subjects of medical interest, for the advancement of our chosen calling, for the good of humanity, to the glory of God.

After Dr. McIntire had concluded, Dr. Cattell, President of Lafayette College, stepped forward, and cordially invited and welcomed the Academy to the use of the College buildings in which they were convening, assuring them that he and his colleagues felt highly honored that so learned a body had selected their institution for the place of meeting. He referred to the grand object of the Academy, and the success which must surely follow the efforts of so many men of experience, judgment and learning. He was happy to know that there were Lafayette alumni enrolled on its list of members, and he hoped that more would apply for admission. He referred briefly to the growth of the College and the condition in which it was at present, and closed by heartily extending them an invitation to inspect and thoroughly examine the workings, rooms and apparatus of the College, which was now open to them.

After Dr. Cattell's welcome, the President returned thanks for the cordial welcomes which had been extended, and then the meeting was opened for business, which chiefly consisted in the organization and admission of new members. In the evening, at eight o'clock, the annual address was delivered by the President, Dr. Hamilton, in Pardee Hall, in the presence of the Easton public, the students and the society. The address was very able, and we regret that space permits us to give only a brief outline. It showed the great evil in our country respecting the standing of medical men, and the proficiency in the profession, and the remedy which ought to be used, and for which the Academy was organized. The address began as follows:—

Gentlemen—It was not my pleasure to have been one of the founders of this Society, but I have participated somewhat in the preliminary meetings which formed the organization, to aid those who are in the study of medicine, and to remedy the great evil. And it is pertinent to inquire into the causes which produce this evil. He then spoke on this subject, and the means necessary to remedy it, stating that for his information he was indebted to remarks of Dr.

Green, Dr. Sibbet, and other like authorities. A thorough education is the absolute condition for the matriculation of a medical student in every country in Europe, each student being obliged to go through a course of from three to seven years. The professors are all salaried, and not dependent upon the attendance of the students for their recompense. In England and its tributaries, and in our own country, the professors and teachers are dependent upon the good will and attendance of the students, hence their work is done in a manner more suited to the young man's pleasure than to his future career. The subject of the requirements of the country have been so often discussed that it is an old subject. Nowhere do our schools compare with those abroad. Germany has one medical college to every 1,300,000 people. In the United States there are ninety-four medical colleges, and at least 62,000 physicians. Dr. Sibbet says there are 80,000, and each year there are 3000 turned out by the colleges, but still we do not compare with any of the colleges of Germany. Here is a department of industry in which we have led the work—the manufacture of doctors—but there seems to be no foreign demand for our article. The sources of the evil lie away back in the foundation of the system in Great Britain, which has caused a depreciation in the standing of the medical men, and is a constant complaint among such physicians, but, as yet, the chief cause has not been reached. Up to this time the preliminary examinations have been good for nothing for preparing men for the profession. In all European countries, and in fact in every country except those of the English speaking nations, the professorships are endowed. The system in vogue in England and this country has worked in a very bad way. All the colleges in this country up to 1811 failed to appreciate the necessity of preliminary preparation. Our colleges are not under the control of the Government, for the general policy of our Government is opposed to centralization. It has never attempted to regulate medical institutions, and probably never will, as the States claim this as their right. In England the government has charge of the colleges. I have never heard of a State being asked to establish a grade for its doctors equal to that of the countries abroad. For us the union of medicine and State is to be as much dreaded as the union of Church and State. So far as I know, all the professors in medical colleges are men of profound learning and large experience. The best men are always sought after, though not always obtained; nor are nearly all the best men selected by the trustees. Nevertheless, it is a notorious fact that the medical colleges turn out graduates unprepared for the work before them. The State failing to endow colleges, the management of the education of doctors is left with the people, as is the case with law and ministry, and in each is the same complaint of the decline of courtesy, standing and experience of the men who should the most possess these traits.

Almost every medical college in this country has been carried on by ambitious medical men who do all the work on their own account. These gentlemen have given the public all, and more than they have been paid for, and the public has no right to complain. If the public wants better educated men, then let the public furnish the way and means to secure such. These gentlemen do not say that they have done all they intend or will do, or are willing to give the work up. The first permanent endowment ever made in this country to a medical professorship came from the widow of the late J. R. Barton, of Philadelphia. There is a great difference as to duty among medical men, either in this country or abroad, but as between those colleges which have actually engaged in medical reform, and those which have not, the difference is entirely too small to be noticeable. If our colleges will not turn out better doctors, shall we sit still with our hands clasped? I think not. We must arouse a public sentiment.

We must impress upon the young men who are studying for medicine the necessity of a thorough preparation for the work. We must not decrease our efforts until our end is accomplished. While it is admitted that the standing of our young graduates is not what it ought to be, there is, nevertheless, a large number of highly eminent and learned men, who still persevere in the experiments and research, and their works are read and sought for both at home and abroad. My experience is that we have as highly educated men in the profession as are to be found in any country, but they have none of them acquired their knowledge without long and continued effort, and the proportion of such men is as good in this country as is usually found elsewhere.

The Society met on Wednesday morning. The session was devoted to hearing amendments to the by-laws and in transacting business of interest to the Association only. The reports of the Treasurer and Secretary and the auditors' report were received.

The following officers were elected to serve the coming year :—

President—Dr. L. H. Steiner, Frederick, Md. *Vice Presidents*—Drs. R. L. Sibbett, Carlisle; E. H. M. Sell, New York; G. H. Larison, Lambertville, N. J.; R. Stansbury Sutton, Pittsburg. *Secretary*—Dr. R. J. Dunglison, Philadelphia. *Assistant Secretary*—Dr. Charles McIntire, Easton. *Treasurer*—N. A. Baldwin, Brooklyn.

BRITISH MEDICAL ASSOCIATION.

SECTION B—SURGERY.

(*Continued from page* 295.)

In relation to

Morbus Coxarius,

Dr. H. MacNaughton Jones, of Cork, exhibited three pathological specimens of the head of the femur, which he had removed in cases of morbus coxarius. In a fourth case, he had removed a wedge-shaped portion of the

femur below the capsular ligament, the disease not having extended into the joint. He read the notes of a fifth case, in which early aspiration had saved the joint. These cases, he said, served to illustrate two points of interest in connection with the disease: first, the disputed question as to its nature, whether essentially constitutional, and not necessarily traumatic in the first instance; secondly, the indication for the operation of excision in advanced cases. He alluded to the discussion which took place in the Philadelphia Congress of 1876, when Dr. Sayre strongly advanced the view that it was always and necessarily traumatic, though other eminent American and British surgeons differed from Dr. Sayre on that occasion, notably Dr. Gross, Mr. Wm. Adams, and Mr. Lister. Having reviewed their opinions, Dr. Jones said the notes of the cases which he would read showed that the view of Dr. Sayre did not universally hold good, but rather supported those who held the occasional purely constitutional origin of the disease. Three of the five cases quoted by him occurred in the same family, and the bones exhibited were excised in two of these, and there was no history of any injury, save in one out of the five. In reference to the second point, Dr. Jones quoted the views of Mr. Holmes, Dr. Humphry, Mr. Lister, Mr. Erichsen, and others, as to the indications for the operation of excision in extreme or otherwise hopeless cases, and he pointed out the importance of not delaying this step when its necessity was once apparent. Of the four cases operated upon, the ultimate results up to the present have been as follows. The boy from whom the wedge-shaped portion of bone was removed is completely restored and able to walk; the joint was not opened. Two cases were operated on September 23d, 1877. One died after healing of the wound, from diarrhœa and other complications, eight months after the operation. The other case, operated on the same day, is still alive; the joint is doing fairly, but the case is unpromising, from the presence of constant diarrhœa, with tympanitic abdomen and emaciation. The third case, operated on December 19th, 1877, is doing favorably, and there is every prospect of a good recovery. Dr. Jones drew attention to the advantages of early aspiration, as proved in the fifth case. He put the following propositions before the section. 1. Morbus coxarius is a disease which, in a large number of cases, has a purely constitutional or strumous origin, and may occur without any injury, or from so slight a shock to the joint that we cannot, strictly speaking, assign the term traumatic to it. 2. Aspiration, to be successful, must be performed in the early stages of effusion or of pus formation, and hence the importance of watching closely the symptoms of approaching abscess in or about the joint. 3. Though we may be guided by the situation of the sinuses, yet it is extremely difficult, by means of the probe, to ascertain the extent of the joint implication; and in those cases where suppuration has occurred without accompanying symptoms of waxy degeneration, the propriety of excising the head of the bone should be considered, and the earlier this step is taken, when once the necessity for it is foreshadowed by the urgency of the case, the better.

The same surgeon read notes of fifty cases of

Spinal Disease Treated by Sayre's Plaster Jacket.

These cases he had brought forward as the result of one year's work since Dr. Sayre gave his demonstration in this country, with the results up to the present time, as proving the permanent benefit derived from the plaster jacket. He would say "permanent," as the more he saw of the plaster jacket the more convinced he was that it was wrong to form a hurried decision; but that it might require months, and perhaps years, before we are justified in arriving at decided conclusions as to the special advantages of the plaster support. We are all too prone to run after new forms of wonderful cures; and the crucial tests which time alone supplies are overlooked or ignored in our desire to applaud an invention, or see in it some advantage over other means which may have failed to satisfy our wishes, or which do not meet all the difficulties which a variety of cases is sure to present. He did not think it right to expect more than average results from any treatment. Cases must constantly occur which will fail under any treatment; and it must have happened in the case of the plaster jacket, that it has been applied in instances where no permanent cure, nor indeed temporary benefit, could be effected, so advanced the disease, and so great the deformity. Parents have been so anxious and solicitous to try the benefit of the treatment, that he was sure many cases were put up where no material benefit could, with justice, be looked for. He had traced the results in the cases now recorded, to the past month. The majority of them had been under treatment for a period of between nine and ten months. As yet it was impossible to state decidedly permanent results in the majority of the cases; but, from the details of those read, it would be seen that the superiority and benefit of the jacket over other means of treatment was unquestionable. A large number of the cases quoted had been treated by other appliances made by the best makers, and under surgical advice; little or no improvement had taken place, notwithstanding that these supports had been worn for months or years; while the advantage of the jacket was immediate. Some of the patients whose history was read by Dr. Jones, and who are now walking about, restored to health under this treatment, had been confined to bed, or kept in the horizontal posture, for years. In only a few cases of the entire of those treated by him had there been what he would call, up to the present, failure.

Genito-urinary Surgery.

Mr. Reginald Harrison, of Liverpool, spoke in very favorable terms of the apparatus devised

by Dr. Bigelow, of Boston, U. S., for use in litholapaxy, and his method of treating stone in the bladder. Mr. Harrison had recently, during a visit to the United States, through the kindness of Dr. Bigelow, seen this operation practiced. Though the number of cases was at present few, yet the results have been so satisfactory as to demand for Dr. Bigelow's proposals the very serious attention of those interested in the subject. Mr. Harrison considered that, whether or not we should be prepared to accept in their entirety Dr. Bigelow's proposals, the adoption of improved means of evacuation would tend to diminish the rate of mortality following lithotrity.

Dr. W. H. Pancoast, of Philadelphia, showed drawings of an instrument modified on the plan of Syme's urethrotome, which he was in the habit of using in operating on stricture of the urethra. He had used it in fourteen cases, some being of a severe character. The instrument conceals a knife, which can be pushed forward by a screw, and is guided by a whalebone bougie.

Dr. J. P. H. Boileau urged the treatment of syphilis without mercury. He employed hot water baths, confinement to bed, scrupulous cleanliness, a full diet, iodide, chlorate and nitrate of potassium, Dover's powder, etc. His experience was questioned by most of his hearers.

The Issue in Eye Diseases.

Dr. E. Andrews pointed out the neglect of this remedy in the present day, and urged its more frequent use, as one of the most effective means of treating chronic disease, especially of the eye. He said that it is beneficial in almost all eye disease of long duration, and may be used at all ages, but is more especially useful in youth, and in affections of the superficial parts with great intolerance, particularly when conjoined with the strumous diathesis. Syphilis, alcoholism, high temperature of body, advancing years, lessen its power. Proximity to the eye is not required; it should be imbedded into the inner side of the left arm by incision, and in this position is vastly superior to the seton in the temple, from the ease and safety of introduction, convenience of dressing, power of keeping up discharge, cleanliness, comfort, and above all, greater efficacy. It should be left in for a lengthened period, improvement generally commencing at the end of the first month. In affections of other organs, such as persistent headache, fits, enlargement of various glands, certain kinds of hemorrhage, suppuration of bone with albuminuria, it is much less employed than its merits deserve.

Mr. Solomon concurred with Dr. Andrew in the value of the issue, which he was in the habit of using in his own practice, and which he considered was too much neglected as a therapeutic means. He considered that phlyctenular ophthalmia was better treated with calomel powder; but he had not used the issue in cases of optic neuritis or retinal hemorrhage, as his usual practice was to use croton-oil liniment at the nape of the neck, which was kept up for some time.

Removal of Foreign Bodies From the Ear.

Dr. Marion Sims read a paper on the removal of foreign bodies from the ear, and exhibited the syringe which he used for that purpose. This was a small india-rubber syringe, containing about two ounces, and ejecting the water in a smart, full stream.

Mr. Lennox Browne said that he had for some time used a similar sort of syringe, and that this was the only instrument that ought to be used in removal of foreign bodies.

Mr. Rivington (London) had been taught by Mr. Hinton, many years ago, that the syringe was the only instrument for removal of foreign bodies, as, with any other instrument, damage was done to the delicate parts of the ear.

Treatment of Chronic Ulcer of the Leg.

Mr. Hutchinson (London) showed a bandage of india-rubber which was used by Dr. Martin, of Boston, in the treatment of chronic ulcers of the leg. The bandage is applied by the patient in bed, loosely and without turns, remains on all day, and is removed at night and washed. No applications are used, but a small bit of lint may be placed over the surface of the ulcer. Twelve yards of bandage made a convenient length, and the end of the bandage was secured with tapes.

Mr. Solomon (Birmingham) said that this bandage was only a very slight modification of the domett bandage used by colliery surgeons in the treatment of chronic ulcers.

Obstructed Nasal Respiration.

Mr. J. Lennox Browne divided this class of cases into strumous and catarrhal. The strumous cases were described as those in which, although there is a strong tendency to chronic enlargement of gland structures, such result is due rather to chronic inflammation with hyperplasia of the normal lymphatic tissues, than to the actual development of tubercle, in which last condition there is a great aptitude for the case to terminate in caseous degeneration or in slow and unhealthy suppuration; and this condition was called strumous, as distinguished from scrofulous, which term, according to the author's suggestion, should be reserved for the atrophic and carious form, and the same distinction being possible in analogous conditions of the eye, ear, throat, etc. The pathological condition in the strumous class is one of simple hypertrophy of normal structures, particularly of the adenoid tissue in the naso-pharynx and vault of the pharynx, there being but little vascular congestion. In the catarrhal class, which may occur in persons quite untainted by struma, there is considerable hyperæmia, and a varicose condition of the vessels, with great hypertrophy of the tissues covering the lower turbinated bones, so as in many cases to lead to the idea that there is a distinct neoplasm, from which it may, however, be distinguished

by its site, its scarlet color, and its fixedness. Mucous secretion is generally arrested in the strumous class; excessive, with frequent acute exacerbations of eczema, in the catarrhal. The symptoms are those affecting, *a*. Respiration, the patient breathing only through the mouth, by which the air is sufficiently warmed, moistened, and filtered, and asthmatic paroxysms are induced; *b*. The sense of smell, which is impaired, not because the olfactory portion of the nose is attacked, but because the air cannot reach it, or because the thick mucous secretion prevents the nervous expansion being so sensitive to stimulation; *c*. The hearing, deafness being due to, 1. Extension of hypertrophy along the Eustachian tube, by which its calibre is diminished; 2. Blocking of the orifice with mucus; or 3. Non-equalization of the air in the tympanum, either the faucial or the nasal opening being closed; *d*. The speech, which is thick and dead, and articulation of those consonants—*m* and *n*—for the proper pronunciation of which a free passage of air through the nostrils is necessary, is perverted, so that they sound as *b* and *d*. In addition to the disturbance of these important functions, the mouth being always open, the throat becomes dry and painful, use of the handkerchief is either constantly required, or is quite insufficient in clearing away secretion. The breath is offensive; digestion is seriously disturbed; and all social intercourse is attended with discomfort. Treatment should be directed to improve the dyscrasia, to remove the obstruction, and to so change the secreting surface as to prevent recurrence of the trouble. When the secretion is deficient, as in strumous cases, iodide of potassium with iodide of iron is useful. In the opposite condition, small doses of opium or chloride of ammonium with cinchona are advised. The use of snuff, of the anterior syphon douche, and of sprays, were deprecated; but stimulating vapor inhalations, post-nasal douches, and applications of iodoform, either in ethereal solution (one in twelve) or as an ointment, in the proportion of five grains to the ounce of vaseline, were especially recommended. All mechanical dilatation, cutting, and crushing, had been found useless by the author, who removed all overgrowth which will not disappear under milder measures by means of galvano-cautery, the quickest, safest, and least painful of any operative procedure.

(*To be Continued.*)

Editorial Department.

Periscope.

The Active Principle of Ergot.

Theodor Blumberg, in an inaugural dissertation published this year at Dorpat, alludes to previous researches into the active constituent of ergot. Recent investigation had shown this to be extracted by water, but to Dragendorff and Podwissotzky belongs the credit of having isolated the active principle, which is an acid. Earlier investigations had shown the existence in ergot of alkaloid substances. Wenzell found, in 1865, two amorphous alkaloids, one of which he called ecbolin, the other ergotin. In 1875, Tanret described a crystalline alkaloid, to which he gave the name of ergotinin. Two years later, Podwissotzky found an alkaloid substance as an admixture of the sclerythin, which was distinguished by its active physiological effect. This received the name of picrosclerotin. Blumberg has endeavored to ascertain whether the substances called by Wenzell ecbolin and ergotin are individuals, or whether they are one and the same alkaloid. In addition he has tried to find some method of obtaining picrosclerotin in large quantity, and of isolating ergotinin. With regard to the first of these points, after considerable investigation, full details of which are given in his dissertation, Blumberg expresses the opinion that ergotin and ecbolin represent one and the same alkaloid. He also gives at length the methods employed to obtain picrosclerotin and ergotinin, both of which are very easily decomposed.

On Contagious Pneumonia.

The *British Medical Journal* says—

Dr. A. Kühn has observed on several occasions the endemic occurrence of an asthenic form of pneumonia; it once occurred during overcrowding of the prison at Moringen, in Hanover, and also after residence in new and damp apartments. As all the other conditions of the prisoners—soil, drainage, ventilation, drinking water, clothing, and food, were favorable, the outbreak of the pneumonia could only be ascribed to deterioration of the air in the rooms. The malady was characterized by marked symptoms of infective disease, with much loss of strength, great enlargement of the spleen, albuminuria, and diarrhœa in two-thirds of the cases. The disease did not set in, like genuine croupous pneumonia, suddenly and with a single rigor; it was ushered in by premonitory symptoms lasting from four to eight days, generally without previous rigor, was attended with fever, and ran a very severe course. The engorgement of the lung was usually observed for the first time on the third

or fourth day of the fever; it was often situated in the upper lobes, and showed much disposition to change its position. There was also very often inflammation of the serous membranes; in one-fourth of all the cases, pericarditis was present; severe pleuritis was constantly met with; and in five cases out of forty-five there was well-marked meningitis. The disease was also frequently accompanied from the first by angina and stomatitis, often going on to sloughing. The temperature rose to 107° Fahr., and usually first showed distinct remissions from the fifth to the seventh day. On *post-mortem* examination, the muscular tissue of the heart was found either of a dark brown-red color and fragile, or in a state of fatty degeneration; the spleen was enlarged even to three times its normal size; and the albuminuria arose from parenchymatous nephritis. Not unfrequently, also, there was swelling of the intestinal follicles. The disease was communicable. The attendants were infected, and the disease was indirectly communicated (through intermediate persons) to others who did not come into concontact with the institution. Dr. Kühn observed in one epidemic seventy cases, and in another eighty-three. Abortive forms were met with.

Effects of Rhubarb and Santonin on the Urine.

Dr. J. Munk (*Virchow's Archiv., Bd.* 72) found that after the internal administration of both rhubarb and santonin the urine was of a greenish color, and that in both cases the addition of alkalies changes this to red. Notwithstanding this resemblance there are points of difference:—1. Alkaline carbolates produce the reddish color almost instantly after rhubarb has been taken, while after santonin the change is exceedingly slow 2. This change of color of the rhubarb urine by alkalies is permanent; that after santonin passes away in twenty-four to forty-eight hours (if caustic soda be employed, it may last longer). 3. The rhubarb urine, colored red by alkalies, is discolored by digestion with steel filings; that after santonin is not. 4. By adding to the rhubarb urine an excess of baryta or lime water and filtering, the deposit retains the reddish color and the filtrate remains clear; on the contrary, in santonin urine the pigment remains in solution, leaving us a reddish filtrate and an uncolored sediment.

The Eucalyptus in Malarial Disorders.

Dr. H. B. Dow, of London, contributes the following experience with this remedy, to the London *Lancet*:—

In the first case in which I tried it, it was suggested to me by my patient, he saying that he had taken quinine by the pound without result, and that the eucalyptus was the only remedy for him. He had many years since contracted malaria of the worst type in the Douro district, and had tried most remedies without avail. A very few doses of the tincture of eucalyptus globulus removed the symptoms.

In the second case, my patient had been many years abroad as a missionary, and suffered severely from intermittent fever contracted during his labors in tropical climates. He also found no relief from quinine, but was very speedily relieved by the eucalyptus.

In the third case, my patient was a gentleman who had lived many years in India and China, and during his residence abroad had had seven attacks of ague. Recently he experienced a return of his old symptoms, and took quinine, as he had been accustomed to, to check the illness. However, on this occasion it failed to produce the usual effect, so I recommended him to try the eucalyptus. The effect was at once marked, and speedily all his intermittent symptoms left him.

The remedy is pleasant to take, and the dose I have prescribed is ten minims of the tincture.

Reviews and Book Notices.

BOOK NOTICES.

A Treatise on the Science and Practice of Midwifery. By W. S. Playfair, M.D., M.R.C.P., etc. With Notes and Addresses by Robert P. Harris, M.D. Second American edition, with 2 plates and 182 illustrations. Philadelphia, H. C. Lea, 1878.

The distinguished Professor of Obstetrics in King's College is familiarly known as one of the most learned obstetricians of Great Britain. His treatise ha met with merited popularity, on account of its practical character and clear style. The American editor justly remarks that a careful scrutiny on his part discovered very little to add to the English text; and we may say what he has dded has been in matters of curiosity rather than of actual necessity, such as about the intra-venous injection of milk, some new varieties of forceps, or the like. Indeed, Dr. Playfair's book may be accepted as a full and accurate exhibition of the art of midwifery as it is now known and practiced in England. Its many debatable features are fairly stated, and its known facts succinctly set forth. While the work is full, it does not extend to that condition of unwieldiness which is the case with some treatises.

A Guide to the Practical Examination of Urine. By James Tyson, M.D., etc. Second edition. Revised and Improved. With Illustrations.

Philadelphia, Lindsay & Blakiston, 1878. 1 vol., cloth, 8vo. pp. 172. Price $1.25.

We are glad to see a second edition of Dr. Tyson's book. It is a sign that conscientious labor is recognized and appreciated. Of the many treatises on the subject we could not name one in any language which tells more, and more plainly, in the same compass, than his does. As a manual for frequent reference, we prefer it to any other.

The study of the urine has become indispensable to every practitioner. Without it, diagnosis in many instances is mere guesswork. Chemists have devised vast numbers of tests for the various pathological products, to the extent of becoming confusing. Dr. Tyson selects what he considers the best and the simplest. His judgment is backed up by extended practical experience, and may be relied on. With his book in hand, the physician can "cast the water" of his patient, and soon settle to his satisfaction the question of the presence of renal disease.

The illustrations are carefully drawn, chiefly from original specimens, and accurately cut.

NOTES ON CURRENT MEDICAL LITERATURE.

——Dr. John J. Caldwell, of Baltimore, sends reports of two recent papers, one on the Involuntary Action of the Nervous System, the other on the Treatment of the Genito-urinary Organs by the use of Electricity, Damiana, etc. He has considerable to say in favor of the aphrodisiac powers of the last named drug, which we here repeat has almost constantly failed in our hands; in fact, never succeeded unless combined with other treatment, which, we do not doubt, did all the good that was done.

——Observations on Nasal Catarrh and Catarrhal Deafness, by Dr. A. N. Williamson, of Philadelphia, seems rather addressed to the laity than to the profession. He principally insists on attending to the condition of the Eustachian tube.

——The Report of the United States Hay Fever Association makes a neat little pamphlet of thirty-five pages. It contains a synopsis of the late scientific facts relating to the disease, a series of hygienic rules, a number of recipes and substances of reputed efficacy, and a list of places more or less exempt from the disease. Any one who is a sufferer from this species of recurrent catarrh should secure a copy. Address the Treasurer of the Association, Mr. L. N. Pinkham, Worcester, Mass.

——Supra-pubic Lithotomy has an earnest defender in Dr. C. W. Dulles, of this city, who comes to its defense again, in a reprint from the New York *Medical Journal*, which he closes with the words—

"It may be an over-sanguine belief that the supra-pubic operation will some day be the most generally employed, and the blind thrusts into the perineal tissues, the prostate gland, the seminal vesicles, be abandoned for that method in which no important structure is endangered, and every step can be followed with the eye; but this belief is held in the world."

——Dr. Henry Gibbons, Sr., of San Francisco, has recently printed a paper on Feticide, written with his usual point and downright style. He bewails the ignorance of physiology which leads many women to this crime; he condemns in strong and sound terms the dangerous trash so often sold as instructive on that subject; and urges physicians to aid in removing this ignorance.

——Dr. George J. Engelman, of St. Louis, has done a very creditable and an unusual thing, in reporting three fatal cases of Battey's operation. Physicians are usually afraid to report failures, although, as Dr. E. remarks, they are often more instructive than successes. He does not do this to condemn the operation. On the contrary he concludes that it is a desperate but not unpromising resort for ovarian suffering which cannot be relieved by other means.

——Dr. Thomas Legaré, of Charleston, S. C., has published some sensible suggestions on Land Quarantine in Yellow Fever. He concludes that articles such as sugar, molasses, coffee, and other like groceries, are not as liable to convey the germ of the disease as boxes, trunks, or clothing which have been worn by persons exposed to the epidemic; one might be admitted, the other may not be with safety; it requires a most judicious discrimination. Once this is effected, by an efficient and zealous Health Board, acting in concert with a good quarantine, whether by land or sea, as the occasion may require, we will then preserve the health of the community, avoid any apparent inhumanity, inflict no inconvenience, and create little or no interruption to trade.

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DREAMS AS REVELATIONS OF FUTURE EVENTS.

The last chapter of the recent work on *Visions*, by the late Dr. EDWARD H. CLARKE, is devoted to a discussion of dreams. It is not, to our mind, the best part of that work, and falls short of the completeness of reasoning which some of the earlier chapters induce the reader to expect. This will appear at once from the following definition of dreams which he gives: they appear, he says, "to be the automatic and generally irregular revivals of impressions made upon antecedently sensitived cerebral cell-groups, or elements, whether sensory, emotional, motor, ideational, or all combined, and the ideation produced by such a reproduction." He repeatedly lays stress on this feature of "automatism," "automatic influence," "inherent automatic power," etc., as he variously terms it.

Now, if we speak with a strict regard to accuracy, there is no such thing as automatic action in physiology, any more than there is motion, *de novo*, in mechanics. And to lay so much weight on a form of expression which is simply a convenient cloak for our ignorance is objectionable. It leads Dr. Clarke to an inadequate view of the nature of dreams. This is very obvious when he attempts to explain the venerable belief that dreams are forewarnings, or are communications. He is obliged to speak as if the only explanations were the trite doctrines of coincidences and supernaturalism.

That these are neither the only nor the correct explanations, would, we think, be evident to an unbiased investigator. A much more satisfactory theory, and, no doubt, the correct one, has been advanced in an article by Dr. J. H. Cox, in the July number of the Cincinnati *Medical News*. Rejecting supernaturalism, as generally understood, this writer says:—

"While a thousand dreams may be the unmeaning waves of disconnected thought, there are many well-authenticated instances in which persons have received an intimation during sleep of the circumstances and time of their death, and the termination of important transactions. When the germs of disease are fixing themselves on important organs, as a smothered

fire that is yet undeveloped, the mind, relieved of volitional labor and restraint, may take cognizance of the havoc going on within, and by a reasoning process, or by an intuition, form a conclusion that on a certain day or hour the body shall be smitten down with disease or death. Unite to this dream the influence of expectancy, and it will have a strong tendency to come to pass at the time indicated. When a fatal disease seizes on the body, the practical physician may prognosticate death in an hour, a day, or a year. So may the mind, during sleep, enter into the deep recesses of the body, and prognosticate the result of causes already in operation, but unperceived in our waking state.

"In the great antagonistic concerns of life, we may be led to believe that we have a very hopeful case, and poorly consider the causes that may operate against us. The general, encamped in the midst of his host, may not well consider the forces that may be brought for his overthrow; but his mind, unbiased in sleep, may elaborate thoughts from facts stowed away and unattended to in his brain, that will be to him as the 'handwriting on the wall.'

"The termination of all the affairs of life could be predicted with certainty, if the mind could be brought to fully weigh all the facts; and these facts are frequently unconsciously stowed away in the deep labyrinths of the cortical substance of the brain, and may be utilized in unconscious ideation or cerebration."

The changes in the brain cells during sleep are not automatic, but are predetermined by the calls on the nutrition of the brain during waking hours; and the action of dreams, therefore, has a definite, but as yet undetermined, relation to the antecedent cerebral activity. It is well known that sleepers are much more subject to influences of certain kinds than the same persons awake; and such a vastly increased sensibility, in some directions, would lead to an instinctive foreknowledge which the unthinking would easily attribute to supernatural influence. The problem is one which, spite of the many studies of it, offers yet a large tract of the unknown for future explorers.

Usually an important factor with reference to both sleep and dreams has been held to be the amount of blood in the brain, its condition of anemia or hyperemia. This bears on its nutrition, and it is evident from the phenomena of delirium that defective nutrition is the immediate cause of the lack of logical control and the hallucinations of the senses which characterize that state of dreaming while awake. By an application of this general truth to the varieties of dreaming, it may become possible to discriminate between them and produce them at will; thus offering an opportunity to the ingenious to dream to some purpose; and bringing in unconscious cerebration as an aid to active life.

Notes and Comments.

Quinoidine as a Febrifuge.

The *Lancet* says:—At a late meeting of the Académie de Médecine de Paris, M. Burdel, of Vierzon, read a paper on the Febrifuge Action of Quinoidine in the Treatment of Telluric Fevers. M. Burdel remarked that this resin-alkaloid possesses distinct febrifugal properties, and that it is closely analogous in its action to quinine. He finds that, like quinine, it may be freely administered, and with good results, in telluric and benignant intermittent fevers. But it is in quartan fevers and in telluric cachexia that it exerts a specially well-marked action; in these it is even superior to quinine. Like all analogous febrifuge remedies, quinoidine should be given for four or five weeks consecutively, in successive but properly timed doses. Its relatively low price is a great point in its favor. It cannot, M. Burdel thinks, supplant quinine in the treatment of intermittent fevers of an acute type, but it may even in these be a useful auxiliary; while in chronic cases he believes that it is actually superior to quinine.

Unparalleled Fecundity.

This is a story, not of a woman with a litter of half a dozen, but of one with two uteri, and each pregnant. It is told by a Dr. Ssotschawa, whose name is as tough as his story, and is quoted in the *British Medical*:—

A woman, aged 25, married five years, had had one abortion and one child at full term. When seen by the author, she was three months pregnant, and had hemorrhage and pain. The first examination detected an enlarged uterus inclined to the left, and an abortion in progress; to the right and behind lay a swelling as large as an orange, which was at first supposed to be an exudation. It was afterward found that the vagina was divided by a septum beginning about four-tenths of an inch above the orifice;

the right vagina was narrow; the right uterus was larger than the left. From the left uterus an embryo of one month was removed; and three days later, one of three months from the right uterus. The patient did well.

Pressinervoscopy.

This is the formidable name devised by Dr. August Pinel, of Paris, for a method of diagnosis of diseases of the chest and abdomen by compression of the pneumogastric and sympathetic nerves. By compression with the fingers on any portion of these nerves, and the peculiar sensations thereby produced, Dr. Pinel professes to be able to define the seat and nature of the malady from which a patient may be suffering. M. Burggraeve has declared that as a means of diagnosis it is even superior to stethoscopy or pleximetry.

The Bael as an Astringent.

This Indian drug is rising in popularity in England. The tree of which the bael is the fruit grows to a large size, and is sacred to Siva. The fruit, the size of an orange, contains an aromatic essential oil, with pungent and astringent substances. It is employed especially as a carminative, as an astringent, and an aperient in constipation, being given especially in dysentery, diarrhœa, and indigestion; in the latter to regulate the bowels. In the later stage of dysentery, when diarrhœa, simple or dysenteric, continues, with exhaustion, Sir Joseph Fayrer especially recommends it. It has been occasionally given in this country, and a formula exists in the British Pharmacopœia for the preparation of a liquid extract, but the value of this preparation is regarded as somewhat doubtful. In India it is frequently given in the form of sherbet or marmalade.

Sunlight and Solarization in Health and Disease,

By E. C. Angell, M. D., in the October number of *The Sanitarian*, is a paper full of interest, and particularly commendable to a great many persons who would know the benefits of sunshine to health. It gives the history, and shows the practical utility, of sun bathing, in both ancient and modern times, with illustrative examples reported by eminent physicians; also the true philosophy and influence of blue light; the effects of arresting the intensity of the sun's rays, or cutting off a portion of them, in certain cases. This paper should be read by all persons who would know the advantage of sunlight, and how to use it to the best effect as a sanitary agent of great value in certain complaints, as well as for the preservation of health.

Bronchial Catarrh, from Bromide of Potash.

One of the occasional unpleasant results of large or prolonged use of bromide of potash is an obstinate bronchial catarrh, characterized by tenacious mucus and a "hard" cough. In the *Memorabilien*, Dr. G. Stille states that at times this may lead, in weak persons, to serious, even fatal, results; and he recommends, on the appearance of this symptom, to suspend the drug. To counteract the other unpleasant symptoms, he has found the simultaneous exhibition of arsenic successful; but it was powerless against the catarrh.

Correspondence.

More Courage Needed.

Ed. Med. and Surg. Reporter:—

I feel moved to write an epistle to my professional brethren who are denominated "country doctors." I would urge them to throw aside the milk-and-water teachings of some of the "high-toned" gentlemen of our persuasion, who seem bent upon reducing us all to an emasculated set of effeminate men. They would make us afraid of a drop of blood; or at least afraid to shed a drop. They would not have us give a moment's pain, even though by doing so we should bring about ease, safety, health and life to poor, long-suffering mortals. I know of more than one death occurring, because the attending medical man was a coward. In the language of slang, many a doctor needs more "sand in his gizzard" than he does knowledge in his head.

I am informed that not a long time since, in our State, a young man, injured by a reaping machine, was carried to three different towns of large size before a surgeon was found who dared amputate the foot and save the boy's life! Nearly four days had elapsed, and he journeyed about two hundred miles by rail and wagon. And in every town visited there were located from four to ten so-called "doctors." "Physicians and surgeons," they put on their "shingles!"

Dr. Jacobi says truly, in the Reporter for August 31st, in the case of abscess of the face of a child, "it is a disgrace to the profession that an abscess of this kind should have been allowed to go on for *seven weeks* without being opened." Certainly it was.

I positively know of M. D's. (?) whose hands will shake as if in a paroxysm of ague, when they attempt to extract a tooth, perform a vene-

section, or cut the gums of a child. These men (or such as they) are the ones who "never, since their first case (first ridiculous and mortifying failure probably), practice these things."(?) All such practices are "relics of barbarism," in their diluted estimations.

Now, *one* well defined, perfectly demonstrated *fact;* one vivid, actual experience, one exercise of conscious power, gives to the practitioner courage and confidence in his ability to aid humanity.

I am called, some dark, stormy night, to go ten miles out from town, to see a sick child. The messenger says, "hurry, doctor, my child has been ailing a day or two, and to-night is having *spasms*, and I fear it will *die* before you can get there."

The father's love and anxiety speak out in every hurried word. How it brings to my mind my responsibility. I plunge, with my good strong team and stout carriage, out into the darkness and storm, and am soon there. All is anxiety and confusion in the family. The mother's heart is full of dreadful forebodings. I examine the little patient. Hot, restless and uncomfortable he is; I observe that his jaws are swollen and livid. The next moment my faithful "gum lance" brings the blood freely from those engorged, painful, throbbing gums. He screams a little, takes a good, refreshing draught of cold water, and falls asleep upon his mother's bosom, and there slumbers until the morning sun wakens him to renewed life and activity. Not a drop of medicine does he take. No tooth "jumped through the hole made for it," nor did the "gum recede." But those loving parents say that the child's life was given back to them, and all the timid M.D's. this side of Hades cannot convince them to the contrary, but that the "gum cutting" saved their darling's life.

Would that the grave might tell, in round numbers, how many of Eve's daughters have been hurried to its cold embrace, because the attending "doctor" had not the courage, both moral and physical, to open a vein wide, and give her the last, best, and safest chance to escape from the deadly peril of puerperal convulsions.

Will not some noted writer get out a work on the "Necessity of Sand for the Medical Profession." A great deal is being written and spoken about "Higher Medical Education," and all that; why not have a few words to stimulate and foster courage, that faculty of the human mind which is one of its noblest attributes. Is there not too great a tendency, now, toward a weak conservatism?

R. L. Moore, M.D.

Spring Valley, Minnesota.

—A man has been arrested at St. Louis for sending a letter to the Chicago papers declaring that the St. Louis authorities were suppressing the truth as to the yellow fever, having been paid to do so by the Fair Association.

News and Miscellany.

Weekly Report of Epidemics for the Week Ending October 5th, 1878.

The Surgeon General United States Hospital Service furnishes the following:—

New Orleans.—During the past week there were 1754 cases of yellow fever and 360 deaths. Total cases to yesterday afternoon 10,218, total deaths 3060.

Southwest Pass, La.—5 deaths from yellow fever occurred during the past week.

Morgan City, La.—For the week ended yesterday evening there were 155 new cases of yellow fever and 18 deaths. Total cases 300, deaths 48.

Baton Rouge, La.—During the week ended 9 o'clock yesterday morning there were 524 new cases of yellow fever and 32 deaths. Total cases 1417, deaths 78.

Plaquemine, La.—242 cases of yellow fever and 10 deaths occurred during the week ended September 21st. Total cases to that date 547, deaths 63.

Pass Christian, Miss.—There were 26 cases of yellow fever and 3 deaths during last week. Total cases 59, deaths 6.

Mississippi City, Miss.—12 cases of yellow fever and 2 deaths occurred last week. Total cases to yesterday evening 20, deaths 3.

Canton, Miss.—Total cases of yellow fever to the 4th instant 720, total deaths 113. Dr. Semmes reports fever milder and material nearly exhausted.

Ocean Springs, Miss.—There were 18 cases of yellow fever and 4 deaths during the week ended yesterday. Total cases 78, deaths 22.

Pascagoula, Miss.—One death from yellow fever at quarantine last week.

Mobile Ala.—For the week ended yesterday evening there were 13 cases of yellow fever and 6 deaths. Total cases 30, deaths 17. Dr. Cochran reports yellow fever at Bonsecour and Fish River.

Vicksburg, Miss.—There were 70 deaths from yellow fever during the week ended yesterday evening. Total deaths 849.

Memphis, Tenn.—199 deaths from yellow fever occurred during the week ended the 3d instant. Total deaths to that date 2627.

Brownsville, Tenn.—During the past week there were 77 cases of yellow fever and 20 deaths. Total cases to yesterday evening 274, deaths 86.

Grand Junction, Tenn.—The first case of yellow fever (refugee) occurred August 12th. Total cases to yesterday evening 120, deaths 52.

Chattanooga, Tenn.—43 cases of yellow fever and 18 deaths for the week ended yesterday evening. Total cases 84, deaths 44.

Louisville, Ky.—During the week ended yesterday evening there were 7 cases of yellow fever and 5 deaths. Of these, 5 cases and 3 deaths were among the inhabitants residing near the Louisville and Nashville depot. No alarm exists, as it is believed there that the

fever will not spread beyond its present narrow limits. The small number of cases appear to warrant that belief. Total cases to date 102, mostly refugees, as previously reported. Total deaths 41.

NASHVILLE, TENN.—6 deaths from yellow fever to yesterday evening, all refugees.

ST. LOUIS, MO.—6 deaths from yellow fever at quarantine since last report. None in the city. Total deaths at quarantine and city, 41.

CAIRO, ILL.—3 cases of yellow fever and one death since October 2d. Information covering the first part of last week not definite enough to state here.

CINCINNATI, OHIO.—From September 28th to October 2d, there were 2 cases of yellow fever, one a refugee, and 1 death.

GRENADA, MISS.—18 cases yellow fever under treatment. Number of deaths not definitely ascertained.

WATER VALLEY, MISS.—For the week ended September 28th there were 18 cases of yellow fever and 10 deaths. Total cases to that date 39, deaths 17.

KEY WEST, FLA.—No cases of yellow fever or deaths from September 21st to October 4th.

The British iron Steamship "Ben Vairlish," from New Orleans, September 20th, bound for Rotterdam, put in to the Norfolk quarantine October 1st, leaking badly, having been on the Florida reefs 36 hours. One death from yellow fever occurred en route, and there were 3 cases on arrival at quarantine, two of which were convalescent.

There are many places in Louisiana, Mississippi and Tennessee where the yellow fever prevails, but they are not named in this bulletin for the reason that definite and reliable information of the number of cases and deaths could not be obtained.

Puerperal Fever in Prussia.

According to the report of the Puerperal Fever Committee appointed by the Berlin Obstetrical Society, there is an annual mortality in the Prussian kingdom of 8872 women, from puerperal fever, and from twenty-eight to thirty-nine deaths among 100,000 inhabitants. Among 100 deaths at least one occurs from puerperal fever; and of the women who die at the child-bearing age, 12 per cent. do so from this disease.

Dr. Atlee's Will.

In the will of the late Dr. Washington L. Atlee, admitted to probate last week, appear the following clauses of a public character:—

I hereby direct that none of my accounts of charges remaining unsettled at the time of my death against the following classes, to wit, clergymen and their families, physicians and their families, indigent widows, indigent single women, and female servants, shall be collected, and the same shall be considered satisfied and canceled.

I appoint Thomas M. Drysdale, M.D., my literary executor, to take charge of my publications and manuscripts, including my manuscript books and cases, clinical notes and professional correspondence, and to utilize them as much as possible for the benefit of science, art and humanity.

The Oldest Man.

The *Lancet* has an account of the oldest man in the world, a native of Bogota, who confesses to 180 years. His neighbors affirm that he is considerably older than he says. He is a half-bred, named Michael Solis, and his existence is testified to by Dr. Hernandez, who was assured that when one of the "oldest inhabitants" was a child this man was recognized as a centenarian. His signature, in 1712, is said to have been discovered among those of persons who assisted in the construction of a certain convent. Dr. Hernandez found this wonderful individual working in his garden. His skin was like parchment, his hair as white as snow, and covering his head like a turban. He attributed his long life to his careful habits; eating only once a day, for half an hour, because he believed that more food than could be eaten in half an hour could not be digested in a day.

Personal.

—Dr. Richard J. Levis, has returned from Europe, and has removed to his new residence, N. W. corner of Walnut and Sixteenth streets.

—Dr. J. M. Barton has commenced a course on Operative Surgery, at the Philadelphia School of Anatomy, which will be found of great value to students.

—Dr. John B. Roberts has now charge of the Philadelphia School of Anatomy, Hunter street above Tenth, and will commence a series of lectures on anatomy. This long established school is surpassed by none in the city.

—Dr. J. S. Gardiner, the Nationalist candidate for Treasurer of Louisiana, was born in Baton Rouge, that State, in 1833. He is a graduate of the University of Louisiana, has been a printer and a journalist, was a surgeon in the Confederate army, and in 1872 was a member of the McEnery Legislature.

Items.

—A Rutland (Vt.) man, named Lynch, claims $40,000 damages from the village, for the loss of three children from diseases caused by imperfect sewerage.

—Advices from Cleveland state that the trial of Dr. Carlisle and F. G. Minor, for robbing graves, resulted in the conviction of Minor and the acquittal of Carlisle. As soon as the verdict was rendered Dr. Carlisle was re-arrested for stealing the body of Mrs. Pease from the Ravenna Cemetery.

Nothing Like Confidence.

Financial doctors say the cause of the hard times is "lack of confidence;" this was not the matter with a husband down south, whom Dr. R. L. Payne tells about in his address as President of the North Carolina Medical Association. He was speaking of "mother's marks," and gave this example:—

"A black child was born to a white married woman in my county, and she accounted to her husband for its very dusky hue by assuring him that she had been terribly frightened by a negro man who presented himself before her in a half nude state. The husband was satisfied and is still happy."

OBITUARY.

DR. J. KNIGHT UHLER.

MANAYUNK, September 30th, 1878.

At a Special Meeting of the Medical Club of the Twenty-first Ward of Philadelphia, held this evening, at the office of Dr. Wm. C. Todd, Main Street, the following resolutions were adopted:—

"WHEREAS, The 'Medical Club' has heard with profound sorrow of the sudden death of their late fellow-member, Dr. J. Knight Uhler, we, therefore, deem it meet and proper that we should give expression to our feelings upon an occasion so solemn and impressive; therefore

"*Resolved*, That we deeply lament the loss from our ranks, in the prime of his life and usefulness, of a beloved friend, esteemed by us both socially and professionally.

"*Resolved*, That we tender to the family of our deceased brother our heartfelt sympathy in their bereavement; that we attend the funeral in a body; that a copy of these proceedings be spread upon the minutes, and published in our local papers, and in the Philadelphia *Ledger* and *Inquirer*."

Signed, ROSS R. BUNTING, M.D.,
President pro tem.

WM. C. TODD, M.D., *Secretary.*

DR. J. THEUS TAYLOR.

Dr. J. Theus Taylor's death occurred at New Orleans, from yellow fever. He was a native of South Carolina. He left New York about one month ago, for New Orleans, having volunteered his services to the Howard Association. Dr. Taylor was about sixty years of age, and was the son of Dr. Theus Taylor, of South Carolina, who was known as a prominent physician in his native State. His son received a liberal education in the schools of Charleston, and afterward graduated with honors from the University of Pennsylvania, in the Class of 1839. Shortly after the commencement of the rebellion he was appointed Surgeon-General, by the Confederate Government, of the Army of the Mississippi. He served first with Gen. Bishop Polk's command, and afterward with that of Gen. Richard Taylor. He was the originator, or inventor, of the hospital tents used by the Confederate Army in the Mississippi Valley. At the close of the war he settled in New Orleans, but not meeting with the success he anticipated, came North, and established himself in New York city. He was a member of the New York County Medical Association.

DR. T. H. JEWETT,

Of Berwick, Me., died September 20th, suddenly, of heart disease, at the Crawford House, White Mountains, aged sixty-three. He graduated at Bowdoin College in 1834, studied medicine with Dr. William Perry, of Exeter, N. H., whose daughter he married, and Dr. Winslow Lewis, of Boston, taking his degree at the Jefferson Medical College, Philadelphia. He was, for a time, Professor of Obstetrics in the Maine Medical School, President of the Medical Society of Maine; and at the time of his death one of the Consulting Surgeons of the Maine General Hospital, at Portland. During the war he was Examining Surgeon of the First District of Maine.

DR. THOMAS W. LAMB

Died at Vermilion Grove, Illinois, July 13th, 1878. He was a graduate of Haverford College, and of the Medical Department of the University of Pennsylvania. He followed the profession of teaching from choice, and at his death was Principal of Friends' Academy at the above stated place. He taught several years at Union Springs Seminary, N. Y., and at Swarthmore College (Pa.), Friends' schools, and was known and esteemed by an extensive circle of friends and acquaintances.

DR. JOEL DARRAH

Died at his residence, in Honey Creek township, Adams County, Ill., at 1 o'clock P.M., September 22d, aged about 70 years.

Dr. Darrah was born in Morristown, Pa. Having received a liberal education in several of the institutions of learning of the State, he commenced the study of medicine with Dr. Heminger, a celebrated German physician, attended three courses of lectures in Transylvania University, and graduated with distinguished honors in 1835.

His medical thesis—malarial diseases—at once marked him as a leader of the young men of the profession. Shortly after he emigrated to the western country and settled on the great American bottom. In 1840 he purchased and moved upon a farm, on which he died. He lived thirty-eight years in one domicile, and his life was one of usefulness, one of benevolence, one to whom no pale, sickly hand of want, or poor, diseased sufferer ever appealed in vain. He leaves behind him no children to emulate his virtues, only a wife, who, with others, mourns his departure.

Loraine, Ill., September 24th, 1878.

MARRIAGES.

GIBSON—CLARKE.—In Chester, Vt., September 3d, by Rev. Mr. Flanders, Arthur A. Gibson, M.D., of Windham, and Julia A. Clarke, of Chester.

MILHAU—MANNING.—October 1st, in Brooklyn, at the residence of the bride's sister, Mrs. E. L. Milhau, by the Rev. J. Fransioli, Pastor of St. Peter's Church, Brooklyn, John J. Milhau, M.D., of New York, late Surgeon and Brevet Brigadier General, United States Army, and Kate Louise, daughter of the late John Manning, of New York.

RULISON—NEWHOUSE.—At Bath-on-the-Hudson, N. Y., October 2d, by Rev. R. N. VanDoren, assisted by Rev. E. P. Stephens, Elbert T. Rulison, M.D., and Libbie Newhouse, both of Bath.

TABOR—DENISON.—In Burke, Vt., September 10th, by Rev. L. H. Tabor, J. M. Tabor, M.D., and Mary Emma Denison.

TERRILL—CONE.—In Hartford, Vt., by Rev. Mr. Briant, C. M. Terrill, M.D., of Grafton, and Mary P. Cone, of Hartford.

VANCE—JOHNSON.—September 26th, at the home of the bride, B. A. Vance, M.D., and Miss Ella Johnson, daughter of Rev. W. J. Johnson, both of Darlington, Beaver Co., Pa.

DEATHS.

HASLETT.—In Brooklyn, Vt., on Saturday, September 28th, Dr. John Haslett, in the seventy-ninth year of his age.

LINDLEY.—On Saturday, September 28th, at Quarantine, New York, of yellow fever, Newton A. Lindley, M.D., late of Natal, South Africa.

TAYLOR.—On Sunday, September 29th, at New Orleans, of yellow fever, Dr. J. Theus Taylor, formerly of Louisiana, and late of New York.

UHLER.—At the Falls of Schuylkill, suddenly, on the 29th ultimo, J. Knight Uhler, M.D., in the forty-sixth year of his age.

TAMAR INDIEN,

A laxative, refreshing, and medicated Fruit Lozenge, agreeable to take, and never causing irritation. Its physiological action assures the immediate relief and effectual cure of

CONSTIPATION, CEREBRAL CONGESTION, HEADACHE, INDIGESTION, BILE, HEMORRHOIDS, etc., etc., by augmenting the peristaltic movement of the intestines, without producing undue secretion of the liquids. Unlike pills and the usual purgatives, it does not predispose to intestinal sluggishness, and the same dose always produces the same effect, that is to say, never needs increasing. These properties render "Tamar" invaluable to the weak and debilitated, and especially to ladies previous and subsequent to their accouchement. It is recommended by the most eminent Physicians of Paris; notably Drs. BELIN and TARDIEU, who prescribe it constantly for the above complaints, and with most marked success.

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PARIS, 1867. 1868. 1872. 1873. VIENNA.

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without which none are genuine.

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4th, It meets indications not met by that Salt.

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C. GILBERT WHEELER,
Professor of Chemistry."

"I have made a careful analysis of the contents of a bottle of your CINCHO-QUININE, and find it to contain *quinine, quinidine, cinchonine,* and *cinchonidine.*
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TESTIMONIALS.

"WELLFLEET, MASS., Nov. 17, 1876.
"I have used CINCHO-QUININE, and can say without any hesitation it has proved superior to the sulphate of quinine. J. G. JOHNSON, M.D."

"MARTINSBURG, MO., Aug. 15, 1876.
"I use the CINCHO-QUININE altogether among children, preferring it to the sulphate.
DR. E. R. DOUGLASS."

"LIVERPOOL, PENN., June 1, 1876.
"I have used CINCHO-QUININE, obtaining better results than from the sulphate in those cases in which quinine is indicated.
DR. I. C. BARLOTT."

"RENFROW'S STATION, TENN., July 4, 1876.
"I am well pleased with the CINCHO-QUININE, and think it is a better preparation than the sulphate. W. H. HALBERT."

"ST. LOUIS, MO., April, 1875
"I regard it as one of the most valuable additions ever made to our materia medica.
GEORGE C. PITZER, M.D."

"RICHMOND, VA., March 28, 1877.
"I believe that the *combination* of the several cinchona alkaloids is more generally useful in practice than the sulphate of quinine uncombined.
"Yours truly, LANDON B. EDWARDS, M.D.
Member Va. State Board of Health, and Sec'y and Treas. Medical Society of Va."

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"NORTH-EASTERN FREE MEDICAL DISPENSARY, 908 East Cumberland St., Philadelphia, Penn., Feb. 29, 1876.
"In typhoid and typhus fevers I always prescribe the CINCHO-QUININE in conjunction with other appropriate medicines, the result being as favorable as with former cases where the sulphate had been used.
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CONTENTS:

ORIGINAL DEPARTMENT.

LECTURE.

FLINT, AUSTIN, SR.—Leucocythæmia..... 329

COMMUNICATIONS.

NOWLIN, I. H.—Bilious Diseases—What are they and why so called..... 331
DAVIS, S. P.—A New Instrument for Draining the Pleural Cavity; with Report of a Case..... 333
BOYLAND, GEORGE HALSTED.—The Antiseptic Treatment of Wounds..... 334
PRAEGER, H.—The Flexible Forceps..... 336

HOSPITAL REPORTS.

Philadelphia Hospital—Clinic of Dr. F. F. Maury. Phagedena of Vulva; Syphilitic Ulceration of the Face; Syphilitic Ulcer of the Leg; Chancroids and Bubo; Stricture of the Rectum..... 337

MEDICAL SOCIETIES.

British Medical Association.—On Intra-uterine Pessaries; Treatment of Post-partum Hemorrhage; The Uselessness of the Forceps; How to Diminish the Mortality in Childbirth; Conjugal Onanism; The Filtration of Water 339

EDITORIAL DEPARTMENT.

PERISCOPE.

Severe Nervous Affection Resulting from a Collection of Worms in the Intestinal Canal..... 341
Membranous Dysmenorrhœa..... 341
Signs of Forced Abortion..... 342
Subnitrate of Bismuth..... 342
The Filtration of Drinking Water..... 342

REVIEWS AND BOOK NOTICES.

Notes on Current Medical Literature..... 343

BOOK NOTICES.

Sanitary Examinations of Water, Air and Food (Fox)..... 343
The Druggist's General Receipt Book (Beasley).. 343
Transactions of the Twenty-Fifth Annual Meeting of the North Carolina Medical Society..... 343

EDITORIAL.

RECENT DISCUSSIONS ABOUT HOMŒOPATHY..... 344

NOTES AND COMMENTS.

Sclerotinic Acid in Hæmoptysis..... 330
Does Quinine Affect the Hearing?..... 337
Napheys' Medical Therapeutics—Sixth Edition. 345
Acetic Acid Injections in Carcinoma..... 346
Singular Plan of Counter Irritation for Stings .. 346
The Digestive Principle in the Gizzard..... 346
Cotoin as an Anhydrotic..... 346
The West India Islands as Health Resorts..... 347
The Poison of Milk Sickness..... 347

CORRESPONDENCE.

Sanitation in Yellow Fever (Richardson)..... 347

NEWS AND MISCELLANY.

The Philadelphia Medical Colleges..... 348
Weekly Report of Epidemics for Week Ended October 12th, 1878..... 348
The Yellow Fever in Memphis..... 349
The Yellow Fever Commission..... 349
Malaria in Illinois and Iowa..... 350
Hog Cholera..... 350
Personal..... 350
QUERIES AND REPLIES..... 350
MARRIAGES AND DEATHS..... 350

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REMITTANCES RECEIVED.

From September 30 to October 12, 1878.

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OF
CHLORATE OF POTASH.

For Hoarseness, Bronchial Irritation, Sore Throat, Diphtheria, Croup, etc., etc.

Chlorate of Potash is a remedy of acknowledged value in cases of Diphtheritic Sore Throat, and in Inflammation of the Mouth and Throat, induced by a depressed state of the system. In these instances, as in the milder forms of Croup, it has, besides its depurative and detergent effects, a solvent action on the deposits, characteristic of those troublesome and dangerous affections. It relieves Hoarseness; and in many cases of Fetid Breath from disordered secretions, it proves an efficient corrective. Its virtues in simple Angina, or ordinary Sore Throat, are recognized by many of the most eminent physicians.

As the taste of this article is not disagreeable, we have prepared it in the form of Compressed Tablets, thus giving the patient the full benefit of its action, undiluted with Sugar, Gum, or other vehicles, which would not only prevent its effects, but which sometimes themselves offend the stomach.

The Lozenges usually contain about twenty-five 25) grains of gum and sugar, with two grains of the Chlorate of Potash, while each of these Tablets contains simply five grains of the Chlorate, all of which, dissolved in the saliva, acts on the affected mucous membranes.

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This pill will give immediate relief in many forms of Dyspepsia and Indigestion, and will prove of permanent benefit in all cases of enfeebled digestion, produced from want of proper secretion of the Gastric Juice. By supplementing the action of the stomach, and rendering the food capable of assimilation, they enable the organ to recover its healthy tone, and thus permanent relief is afforded. One great advantage of the mode of preparation of these pills is the absence of sugar, which is present in all the ordinary Pepsin and Pancreatic compounds. In this form, the dose is much smaller, more pleasant to take, and is less apt to offend the already weak and irritable stomach. The results of their use have been so absolutely satisfactory, that we are confident further trial will secure for them the cordial approval of the Medical Profession and the favor of the general public.

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JOHN WYETH & BRO.,
1111-eow **Chemists, PHILADELPHIA.**

THE

MEDICAL AND SURGICAL REPORTER.

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Original Department.

Lecture.

LEUCOCYTHÆMIA.

Delivered at Bellevue Hospital, New York,

BY PROFESSOR AUSTIN FLINT, SR.

Reported expressly for the Medical and Surgical Reporter.

Gentlemen—I have a well-marked case of leucocythæmia to bring before you to-day. You will doubtless remember that Virchow has divided this affection into two varieties, the splenic and the lymphatic; but you must not forget that we also meet with cases of persistent anæmia entirely distinct from either of these, and designated by the term *progressive pernicious anæmia*, in which neither the spleen nor the lymphatic glands are enlarged, or otherwise affected.

The patient's name is John B. Smith. He is sixty-one years of age, a machinist by occupation, and was admitted to the hospital about six weeks ago. He states that his father died of consumption, and his mother of old age, and that he has been a pretty hard drinker, as well as a hard worker. He confesses that he has had gonorrhœa, but denies ever having been the subject of syphilis. He has had one attack of acute articular rheumatism, and several subacute ones, and has twice been affected with intermittent fever. Three years ago he began to experience unusual fatigue after ordinary exertion. Soon afterward he began to suffer from slight dyspnœa also, and then he noticed that there was some œdema of the feet. These symptoms continued gradually to become more and more marked until about fourteen months ago, when some of his friends called his attention to an abdominal enlargement, in the form of a hard ridge of considerable extent, which he had not previously noticed. Presently he began to suffer considerably from pain, situated to some extent over the tumor, but more marked in the hepatic region, and as he now had some fever and was slightly jaundiced, he gave up work entirely.

At the present time we find that he still has fever at night, but there is no general dropsy; the most prominent symptoms being dyspnœa, œdema of the lower extremities, and excessive debility. His bowels are constipated, and there is marked enlargement of the spleen. The lymphatic glands in the left groin are also considerably enlarged; while those in the right groin are tender on percussion. A microscopical examination of the blood shows that the white corpuscles are much increased in number, and that there is a diminution in that of the red corpuscles. There is a slight puffiness under the eyes, and you will notice that the face presents a very markedly anæmic condition. There is also considerable sallowness about it; so that on looking at it without knowing anything of the case, one would probably at once suspect malarial poisoning.

Now, let us expose the abdomen, and examine its condition for ourselves. On making palpation over it, a solid body, of great size, is at once detected, which occupies more space on the left than on the right side of the body. This is the spleen, and it is of enormous extent, reaching, perhaps, five inches below, and six inches above, the umbilicus, and also several inches to the right of that point in its lower portion. Its outlines can be very readily

made out, and the hilus of the organ can be felt with the greatest distinctness. The heart, as we would naturally expect, is pushed up to a considerable extent; so that the apex beat is found in the fourth, instead of the fifth, intercostal space.

The house physician thinks that he has been able to make out some enlargement of the liver; but I do not find that this is really the case. It is possible that there may be a slight increase in the size of the organ; but it is not sufficiently marked to be appreciable. And just here I would like to caution you against a source of error often met with in connection with the determination of the boundaries of such organs. In making these out, you cannot depend much on the tympanitic resonance of the intestinal tube. The sense of resistance made by such a solid organ is a much more reliable guide; for the tympanitic resonance of the intestines is very readily propagated for a considerable distance by it.

Then, again, you must remember that there is another possible source of error in the fact that there may not be any gas in the intestine at the time the exploration is made. In the present instance I feel the resisting tumor of the spleen with the greatest distinctness with my hands, and yet, over a considerable portion of its surface I can get, on percussion, a well-marked tympanic resonance, which is thus transmitted from the intestines.

There has been, all along, more or less œdema about the feet, but it is not at all extensive at present. On auscultation of the heart, I find that there are systolic murmurs, which are probably of anæmic origin; but I am not able to detect any venous hum on placing the stethoscope over the vessels of the neck.

Well, gentlemen, this is a distinct case of leucocythæmia with enlarged spleen, or, in other words, of the splenic variety of leucocythæmia. If you were to question me as to the pathology of the affection, I might, perhaps, talk for a considerable time in regard to the subject, from a therapeutical point of view; but I do not think I could really throw much light upon it. In such a condition of the blood our attention is naturally directed to the organs in which its red globules are supposed to be found, viz., the spleen and the lymphatic glands; and the fact that the spleen is frequently found enlarged in cases like this, goes to confirm the researches of physiologists in regard to the formation of the blood. We might go further in theorizing, like Bennett, who claimed that the red corpuscles are formed from the white, and that leucocythæmia is due to some interference with the blood-making function of the ductless glands, which prevents the normal transformation of the one with the other; but I do not think it worth while to take up your time with any such discussion at present.

It is a matter of importance to the patient to know how much we can do for him. The plain indications in the affection are to improve the condition of the blood, and increase the appetite and strength; but, unhappily, whatever course of treatment may be adopted, such cases almost uniformly progress steadily to a fatal termination. The prognosis is, therefore, about as bad as it can be; but we should not be discharging our whole duty if we did not endeavor to support the patient's strength by such chalybeates and other tonics as are indicated, and such nourishing diet as he may be able to digest. The termination in these cases is usually by progressive asthenia, and sometimes is produced very rapidly. I have recently had a case of leucocythæmia in private practice, in which the patient seemed to be getting along quite nicely, so that he was losing ground so slowly that it was scarcely appreciable; when suddenly his strength gave way all at once, and he very quickly succumbed.

The general condition of those suffering from leucocythæmia is very suggestive of malignant disease, and it is, therefore, always incumbent on us to make a thorough investigation of every part of the body in such cases, to find out whether there may not be evidences of some such trouble present. All the symptoms are consonant with the existence of carcinoma. Generally, however, when the latter condition is present in the system, we have local symptoms of more or less severity; and in some cases of leucocythæmia the diagnosis is reached simply by a process of exclusion. Where there is marked enlargement of the spleen, this, of course, renders it more easy and certain.

Sclerotinic Acid in Hæmoptysis.

This acid, obtained first by Dragendorff from ergot, has lately been adopted by von Ziemssen and other German physicians as preferable to ergotin for hypodermic injection in hæmoptysis and other internal hemorrhages. A five per cent. solution is used, and it is said not to be so liable to be followed by abscesses as ergotin.

Communications.

BILIOUS DISEASES—WHAT ARE THEY, AND WHY SO CALLED.

BY I. H. NOWLIN, M.D.,

Of Little Rock, Arkansas.

The word "bilious," is thus defined by Dunglison, the great American and English authority. "That which relates to bile, or is produced by bile. An epithet given to certain constitutions and diseases which are believed to be the effect of superabundance of the biliary secretion; as bilious temperament, bilious symptoms, bilious fever, etc.; *but often used without any definite idea as regards the bile being attached to it*" (italics mine). "Biliousness is the state of being bilious"

Bennett, in his work on physiology, uses the following language: "If more non-nitrogenized food be taken than can be got rid of by the lungs, in the form of carbonic acid, the liver pours a greater quantity of bile into the duodenum, causing the symptoms known as bilious." By others (as Dr. G. B. Wood), any departure from the normal secretion, as to quantity or quality, whether a greater or less amount, or whatever the change in character or appearance, is called a *bilious attack*. With such latitude embraced in the use of the word, it is no matter of surprise, however much the fact may be regretted, that we have no certain means of arriving at its meaning when used, unless it is explained. Again, there are those (and their name is "legion") in our profession, not a few, and among the masses, perhaps nine-tenths, who, upon every occasion of indisposition, however trifling, see nothing but a "bilious attack," recognizing no organ in the economy but the liver, and charging to its account every "ache and pain;" the effects of every act of imprudence, whether of eating, drinking, exposure, overwork, or of indolence (the root of many evils). And it is a humiliating thought, one painful to contemplate, that this state of ignorance among the people throughout our land is the legitimate result of the careless expressions and indiscriminate practice of many of our better informed physicians, as well as of the "inexorable law of cause and effect" attending upon and following the teachings and practices of the ignorant and unprincipled among them. This is the foundation of the universal idea of "liver diseases and bilious attacks." And hence it is, that all civilized (?) lands are, and have been, for years, inundated by "liver pills," "liver correctors," "liver stimulants," "liver restoratives," "liver tonics," "liver regulators," etc. (*ad nauseam*), numerous as the "frogs or lice of Egypt;" and, without doubt, much more detrimental.

To exemplify this superlative ignorance, I will mention briefly one or two recent cases in my own practice, as representative ones. I was invited to see a Mr. N., a printer, of some intelligence on general subjects, some twenty-five years of age, laboring under remittent fever. The attack was but a mild one, requiring only a few days in the house, with appropriate remedies, to "break it up." He, however, was quite uneasy about his liver, saying it was "painful," etc. On being asked for the location of the pain, he placed his finger just above the crest of the left ileum, saying "*it is right there.*"

Within the last forty-eight hours, a merchant of our city, nearly fifty years old, called at my office, looking very well, but rather serious, as if in trouble. After sitting a short time, he very gravely asked, "if I had ever known a person discharge a portion of his liver through his bowels." I replied, "certainly not; that would be an impossibility." He rejoined, that "he had suffered many years from liver disease, by occasional spells;" that he was satisfied it was so, "because his physician had so told him." I could learn nothing from his present appearance and condition, nor from his history, to indicate that he had ever had anything more than transient spells of indigestion, with general sluggishness of the chylopoëtic viscera. Finding that I was entirely skeptical as to his having, or ever having had, liver disease, he produced, carefully wrapped in paper, the *piece of his liver* (as he supposed), discharged per anum the previous night. Upon examination, I made it out the skin of a muscadine (the fruit of the vitis vulpina), or some other thick, tough-skinned grape, (!) which seemed to have been retained for some days, and only discharged after taking a dose of "Blank's pills." The result of the examination was so satisfactory, that he bade me "good bye," without insisting on a prescription. What a fine chance fo[illegible] a good fat bill" some *liver* doctor missed, by not getting this case!

As before remarked, ignorance and cupidity are not alone responsible for the erroneous popular views, so extensive and detrimental.

The careless expressions, and more or less routine practice—together with their entire neglect to give other and better instruction—of many of our well qualified and judicious practitioners, have contributed largely to the production of the errors so prevalent. By way of illustration I will mention a single representative case: Dr. H. is a well-educated and highly-qualified physician; a practitioner of twenty or more years. After prosecuting successfully his studies in America, he visited Europe, and continued them in both London and Paris. Returning, about 1866 or 1867, he settled in the "City of Brotherly Love," and there remained, practicing his profession, for a number of years. Some fifteen years ago he came South, and our lots were cast together in the same city, where our intercourse was always (at least to one of us) very pleasant. Standing together, on one occasion, in a drug store, some person asked, "Doctor, who are you going to see just now?" The Doctor replied, "Colonel C." Knowing that Colonel C. had but recently gotten up from a partial attack of paralysis, I said: "Doctor, has the Colonel a renewed attack of paralysis?" "Oh no," he replied, "he has only a *bilious* attack." I rejoined, "Doctor, please excuse me; I do not understand what you mean by 'bilious attack;' such language does not belong to my vocabulary; please describe to me Colonel C.'s pathological condition." The Doctor looked at me, and with a pleasant smile, as he turned away to attend to something else, only replied, "it is a very convenient expression, sir." And so the conversation ended.

Such *convenient expressions*, vague and almost meaningless, though they are, uttered carelessly and without any thought of evil resulting, by physicians of high standing in the profession, are seized upon both by the ignorant masses and mercenary quacks; by the former as interpretations of their own (real or imaginary) afflictions; and by the latter (whose legitimate place should be the House of Correction) as *authority* for their own diagnoses and prescriptions. Such evils, thus beginning without design, become interminable. Long ago, from a knowledge of the facts and considerations mentioned above, the writer determined to ignore all so-called "bilious troubles," and to make an effort to establish among his patrons views more consistent with facts, as well as more conducive to their own comfort. A man or woman once convinced of the presence of a liver trouble, or "bilious attack," is ever afterward a prey to evil forebodings and imaginary biliousness, inflammations, or abscesses of the liver, etc., in nineteen cases out of twenty without a particle of foundation for such belief and suffering, but that some Dr. said, years ago, "your liver is diseased." Since adopting his present plan, the writer has found no difficulty in designating diseases by names much more expressive of their real pathological status. And as to success, it has been all that could have been reasonably expected or even desired.

In all cases of general disease, especially when acute, functional disturbances are present in all the organs of secretion and excretion—the skin, lungs, kidneys, and liver. These are organs of vital importance in the economy, some of them altogether depuratory, while others are also assimilative and renewing in their offices, so that not one of them can be excused from duty, even for a very short time, without imminent peril to life, and inevitable dissolution, if not restored speedily. Why, then, should the liver be made "the scapegoat" "to bear away the sins" (so to speak) of every other organ of the system. Why shall we say, "bilious fever, bilious pneumonia, bilious pleurisy, bilious colic, bilious headache, bilious erysipelas, etc., when, in numerous instances, the liver is the least offending organ of the whole? Why, at the present day, if a man, by excessive eating and drinking (surfeiting), so shocks and paralyzes the stomach that for a time it ceases to act, apparently conscious of its inability to perform the labor imposed upon it in the ordinary way, by the liver, is that organ at once censured? And when, after a longer or shorter interval, a degree of reaction is established, the stomach becomes disgusted, as evinced by the intolerable nausea, which soon culminates in active and continued vomiting, till not only the whole of the offending mass is disgorged, but a copious discharge of bile occurs, as a sequel, then, indeed, is the diagnosis confirmed! "See how immensely bilious he was; I thought that was just what was the matter;" is heard from the lips of the bystanders, and very likely from the attending physician also! The indication is then unmistakable; "a corrective of the biliary secretion is the very thing." The universal blue pill, or the coextensive hydrarg chlor. mitis, comes at once into requisition, *notwithstanding the positive evi-*

dence present, that the liver is performing its functions "all right."

Excepting the writer's own efforts to correct opinions and practice so false and detrimental, he has certainly heard none, nor does he recollect to have seen any, from any source. And, as a personal friend to the liver, he now, here, enters his emphatic protest against such slanderous accusations, made (occasionally from inadvertence, by good men) and propagated by unprincipled, mercenary quacks (and their poor, unfortunate dupes), "who do not know" (as that model journal, the *American Agriculturist*, said, in a late number, writing upon the same subject), "whether their livers are in their stomachs, or their stomachs are in their livers." And, as to a knowledge of its functions, the daily amount and uses of its secretions, they have little more information (though not a tithe of their modesty) than certain long-eared animals, that, to their credit be it said, confine their acts within the sphere of their knowledge, thus showing themselves the more rational, and, may I not say, moral (?) of the two classes. To inform such vampires that bilious matter is always thrown up by long-continued vomiting, if the liver is in healthy condition, whatever may be the cause of the emesis, would be only "casting pearls before swine;" they would only "turn again (when absent) and rend you," "fearing lest their craft be endangered."

That the liver is often, more or less, functionally at fault, generally from excessive or improper ingesta, overcrowding the portal system, there cannot be a reasonable doubt. And just as often will the skin and kidneys exhibit like disturbances. The same is also often true of the lungs. Why, then, refer the whole trouble to the liver, and say that is diseased, and that the case is a "bilious attack?" prescribe mercury in some form, under the impression that the liver needs urging to duty, and that the prescribed remedy will be sure to do it? when, at the same time, absolutely nothing is wanting but rest, abstinence from food, and, it may be, a gentle aperient, giving the portal vessels and liver a little time to "unload." Such cases are truly spells of indigestion, and should so be called. The entire blame should rest upon, not the liver nor the stomach, but the patient, who should be starved till he is taught to treat his digestive apparatus with more consideration.

It is unquestionably true, also, that the liver is occasionally diseased organically, seriously, and even fatally. During an experience of more than thirty-six years, one such case for every two years of that time, I feel warranted in affirming, would limit the number that has come within my observation (bating possible errors in diagnosis). Indeed, my recollection cannot now furnish that number. I have seen only one case of malignant tumor of that organ. My diagnosis was confirmed in Richmond, Va., by Dr. B., and in Philadelphia, by one or more physicians. The patient was in Richmond some few months after my opinion was given in Salem, Va. I have not met with more than half a dozen cases of acute hepatitis, all recovering but one. Not more than four cases of abscess of the liver have come under my knowledge; all recovered, the discharges occurring through the intestinal tube, except one, which took place through the abdominal wall, by adhesion and absorption. The other organic diseases of the liver I have seen have been in old persons, indurations, enlargements, degenerations, etc., producing effusions into the cellular tissues (anasarca), in cavities, hydrothorax and ascites, and thus terminating life. My own opinion of the liver is, that it is a very hardy, durable organ, only wanting fair usage to reach good old age.

If an apology is due to the readers of the Reporter for the infliction of this paper upon them, the only one the writer has to offer is the earnest desire he feels for the correction of the erroneous and highly detrimental opinions of the masses concerning the liver, its functions and diseases, which, to-day, constitute, in his opinion, one of the greatest curses affecting Christendom.

Who will aid in the effort.

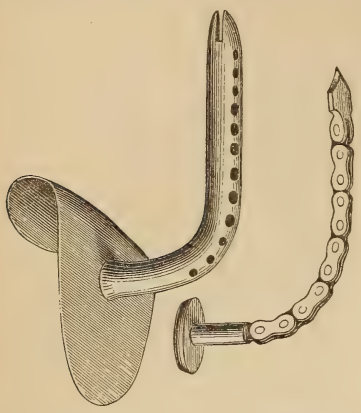
A NEW INSTRUMENT FOR DRAINING THE PLEURAL CAVITY; WITH REPORT OF A CASE.

BY S. P. DAVIS, M D.,

Of Lancaster, Pa.

In looking up the literature of surgical operations for the relief of effusions into the pleural cavity, and the different forms of drainage tubes for the same, I was forcibly impressed with the importance of a better and less painful method than any heretofore practiced. I determined that in the next case that came under my notice I would carry out my idea of

the instrument, here illustrated by a full-sized wood-cut, which consists of a curved, perforated,



shielded, silver canula, and a vertebrated trocar, which is readily passed inward and upward through the intercostal space, and is left in situ, being easily retained in position with adhesive plaster, passing either wholly or partly around the body. Through this the pleural cavity is drained, either of effusion or suitable injections. A small wooden peg, or a thin metallic valve, closing the external opening in the canula, renders the instrument complete and simple, and causes little or no inconvenience to the wearer.

Case.—Was called, July 1st, 1877, in consultation with Dr. D. H. Shenk, of Rohrerstown, Lancaster county, Pa., who, at my request, has kindly furnished me the following history of the case, in writing. He says, D. H called at my office in March, 1878, complaining of pain in right infra-clavicular region, constant hacking cough, without expectoration, emaciation, dyspnœa and general anorexia; stated that several members of his family had died of consumption, and that he had had a severe hemorrhage from the lungs. *Physical examination.*—Pulse 95 to 100; temperature 100. Upper and middle lobes of right lung filled with tubercles.

Treatment.—I directed one teaspoonful of the syrup hypophosphite comp. three times a day, with cod liver oil, beef tea, iron and whisky, under which his improvement was apparent in a short time. May 16th I was summoned to his bedside, and learned that he had a severe chill, which was followed by high febrile action and a sharp pain in his right side; pulse 125; temperature 102. Diagnosed acute pleuritis and treated him accordingly. In three weeks he was up and about. June 10th, he had a similar attack of pleuritis, which, after about a fortnight, resulted in effusion into the pleural cavity. At this time, July 1st, 1877, the condition of the patient is anything but favorable. His tubercular disease being the outgrowth of an inherited diathesis, with loss of appetite, hacking cough and the whole right pleural cavity filled with liquid, rendering his breathing almost impossible. Temporary relief was all that could be expected. I advised the removal of the fluid at once, and proceeded to operate, removing with the aspirator nearly four pints of non-purulent fluid, which afforded immediate relief from the distressing dyspnœa. This operation had to be repeated about every two weeks, until about thirty-two pints had been removed, when I suggested the use of the drainage tube above described, which was introduced November 23d, and remained there until January 27th, 1878, the day of his death, nine weeks and two days. Once in twenty-four hours the cavity was washed out, by the use of a Davidson's syringe, with solutions of carbolic acid, argent. nit. and tinct. iodine. The patient suffered no inconvenience from the presence of the tube. He died of exhaustion, caused by the gradual progress of his disease, hastened materially by the drain from the pleural cavity, which, however, was decreasing rapidly, and in a healthy subject would have resulted in a cure.

I should be glad to have the profession give this instrument a trial. Mr. J. H. Gemrig, No. 109 South Eighth street, Philadelphia, will furnish them at a reasonable cost.

THE ANTISEPTIC TREATMENT OF WOUNDS.

BY GEORGE HALSTED BOYLAND, M.A., M.D.,
Of Baltimore.

Continued from p. 117.

The experiments at the Greifswalder clinic, mentioned in the first part of this article, and made with a dressing composed of salicylic acid and oakum, resulted in demonstrating the fact that, in many cases in which Lister's method was employed, and which ran their course without fever, no bacteria developed; that in other cases, in which the course of disease and termination were equally favorable, only after eight or ten days there was a slight development of bacteria, the secretion from the wounds becoming turbid in the test glasses. On the other hand, the pus in the test glasses to which

nothing was added, and from wounds not treated according to the antiseptic method, became turbid on the second day, and showed a marked and rapidly increasing presence of bacteria. In a line of cases in which the application of the antiseptic bandage was not made, there were already in the secretion from the wound masses of bacteria; many of these cases had fever.

In all cases in which patients had fever from resorption of the wound secretions, there was an early turbidness and development of bacteria, which generally diminished after cessation of the fever, and in some instances disappeared altogether.

It would seem doubtful, then, if even by the strictest antiseptic treatment wounds can be kept entirely free of bacteria. Such may be the case exceptionally, where the patient comes under treatment immediately the wound is made. But when bacteria are present in a wound before surgical treatment is begun, and have disseminated themselves through the tissues, Lister's bandage cannot entirely destroy them; by careful application of it the advent of bacteria from without may be hindered, but those already disseminated through the tissues cannot be hindered from mingling with the wound secretions, and *vice versa,* it being evident that importation of bacteria from tissue to tissue by means of wound secretions can and does take place.

The development of bacteria on granulating wounds treated by the antiseptic method, proves alone nothing, either for or against the causal connection of bacteria with accidental wound diseases, as the relation of bacteria to wound diseases begins with the infection of the tissues. On the other hand, healthy granulations, as they are also especially observed under the antiseptic dressing, give a very good protection, of course, against bacteria from without. It also appears that the antiseptic method, as far as these experiments go, makes bacteria relatively harmless.

From the practical standpoint, the antiseptic method does not consist of any regular proceeding, and is of much more ancient date than is generally supposed. Any dressing that acts against decomposition, and tends to keep alive, so to speak, the tissues composing any wound surface, is antiseptic. Wine and alcohol diluted with water do this, and they were used as dressings for wounds at the time that the Egyptian school of Medicine at Alexandria existed, or about 500 B. C. Surgery was conducted on an antiseptic basis at that early date, and this fact would oppose effectually modern claims to discovery of the antiseptic treatment of wounds.

The progress of surgical science has brought many innovations and valuable improvements in this respect, and much credit is due to the great minds who have approached surgery to the exact sciences. Imperfect as it still is, and wide as is the gap that still exists between it and them, yet it cannot be denied that the surgeon walks the dark paths with brighter light and surer step to-day than he did even 100 years ago. And so, in the antiseptic method, modifications have been made, according to the results of careful and oft repeated experiments, which enable us to estimate more properly its value, and rely with more certainty upon its application.

In the treatment of amputations, the statistics given in the German hospitals, and published in *Schmidt's Yahrbücher*, show that even in slight wounds, as regards a *prima intentio*, the antiseptic method is preferable.

These reports show that with amputations treated by the antiseptic method the duration of the healing period was considerably shorter than with those treated by the open method. The proportion of time was 1 : 2, and if each separate case is gone through, surprisingly brilliant successes will be found.

The most brilliant are those attained by Thiersh; four times he healed amputation wounds on the thigh and below the knee with one change of bandage. Even such results cannot justify the assertion made in Krönlein's work,* "that the method employed by Thiersh is to be regarded as new and belonging to him." Thiersh was, however, the first to come out against changing the bandages so often, and after a thorough disinfection left them alone. It stands to reason that healing obtained in this manner is better, locally as well as generally, than when a long suppuration takes place. Slight fever is observed by both methods, which, under favorable circumstances, is of no serious import. By changing the dressings as little as possible, the quantity of disinfectant used is kept down, thus avoiding expense and danger of poisonous effects, for, notwithstanding the conveniences of the antiseptic method for the

* Die Offene Wundbehandlu ng, Zurich, 1872.

surgeon, and its benefits and comforts for the patient, there is a very great drawback; a drawback especially with carbolic acid, and one which Lister himself admits, namely, the toxical working.

Volkmann also mentions this fact, and among others cites a case of carbolic acid intoxication, and in another case, where resection of the hip joint had been performed, believes that his patient died from carbolic acid intoxication, and considers it not impossible that the causes of death given as "anæmia, shock and exhaustion," may be in reality carbolic acid intoxication.

Salicylic acid, certainly, is preferable in this respect, as the toxical and irritating properties are wanting in it, and its power as an antiseptic agent, in the narrower acceptation of the term, is equal to that of carbolic acid. Enemies of the antiseptic method never forget its expense, which should be of secondary consideration where the alleviation of suffering and saving of life are concerned.

(To be Continued.)

THE FLEXIBLE FORCEPS.

BY H. PRAEGER, M.D.,

Laryngoscopic Clinical Assistant in the Jefferson Medical College Hospital.

The recent exhibition, in the surgical clinic of Jefferson College Hospital, of a flexible forceps brought by Mr. Gemrig from London, recalled to my mind a model, which, seven months previously, I had made, from an idea suggested by the remarks of Prof. Ellerslie Wallace, while lecturing upon extra-uterine pregnancies. The English instrument was exhibited by Dr. Levis, who was unable to tell me by whom it was invented. I immediately exhibited my model to Dr. Levis, Prof. Pancoast, Dr. Cohen, Dr. S. W. Gross and others. The ultimate idea of the two instruments was found to be the same. On account, however, of the much greater simplicity of detail, and convenience of manipulation, of my own instrument, I was urged to bring it to the notice of the profession. My instrument is essentially, as stated, a flexible forceps. A rod of copper, or any other pliable metal, varying in length and thickness, is connected at one extremity with the neck of the forceps, and at the other with the handle. This rod is surrounded by a fine, firm, yet freely elastic metal coil, the calibre of which will vary according to the thickness of the rod. This coil is connected by a metal rod with a small lever, attached to the handle, by which it may be projected forward or backward, at will, by a slight pressure of the thumb of the hand holding the instrument. This movement opens and closes the blades of the forceps. Thus the body to be removed is met, the closed prongs or probe-like head of the instrument being held in contact with it, the lever is pressed upon, immediately the inclosing sheath is retracted, and the blades of the forceps, being freed, spring open to any extent desired by the operator. As the body comes into the jaws of the instrument, the lever is pressed in an opposite direction, the coil is projected forward, the object is grasped and withdrawn. No slipping is probable, the inner surfaces of the blades being deeply fenestrated and indented. The clutching and clinging power secured is very great. Thus much for the instrument as a flexible forceps. Now, when closed, the blades are exactly coapted, forming a smooth, egg-shaped extremity, which gives to the instrument the appearance as well as the practical character of a flexible probe. To make it complete in this respect, a delicate porcelain cap is adapted to the head. The practical utility of such an instrument as this will be at once recognized. As a flexible bullet probe and forceps it is at once unique and invaluable. My connection with the Out-department for the treatment of diseases of the throat in Jefferson College Hospital has led me to appreciate its utility in throat surgery. It will also be found useful for the removal of foreign bodies from the urethra; for the removal of uterine polypi, in certain cases of fixed displacement, etc.

Does Quinine Affect the Hearing?

The belief is general among the laity that the prolonged use of quinine affects the hearing. Medical men have generally disbelieved this, and attributed the notion to prejudice. Dr. Roosa, of New York, has been examining the evidence, such as he can procure, and is inclined to believe that in some cases there is a permanent nervous affection of the ear produced, which justifies the opinion of the laity.

Hospital Reports.

PHILADELPHIA HOSPITAL.

CLINIC OF DR. F. F. MAURY,

REPORTED BY DR. C. W. DULLES.

PHAGEDENA, SYPHILITIC ULCERS, CHANCROIDS AND BUBO, STRICTURE OF THE RECTUM.

Case 1.—Phagedena of Vulva.

Gentlemen:—The first case I have to show you to-day is of a kind rarely seen outside of large hospitals, because it is most apt to occur among poor and neglected persons who are exposed to grave dangers, and too ignorant to attend properly to their injuries at the outset. This unfortunate woman presents a condition of the vulva which is truly horrible. The right labium is, as you see, almost totally destroyed by an ulcerative or sloughing process; the tissues of the mons veneris are dissected loose from the bones, and make a sort of triangular flap above where the superior commissure should be, and the parts about are inflamed and swollen.

Perhaps the first thought of the surgeon on regarding such a lesion, is that it is due to a phagedenic chancroid, a chancroid caused by a poison so virulent or exposed to such inimical surroundings, that its action has spread from the point of inoculation and involved so great an extent of the adjacent tissues. But in the case before us I am inclined to reject this idea. Our patient gives no history pointing to a venereal origin of this trouble, nor do I find, by physical examination, any good evidence of such origin. Nor can I believe the lesion is due to epithelioma, which might attack this muco-cutaneous surface. The age of the patient, the rapid course of the process, and the history in general, point rather to a traumatic source of her injury, and lead me to believe this to be due, as she thinks, to a fall she had, in which she received a violent thrust against the vulva with a stick.

And I may here tell you that serious injury of these parts, and of the perineum, is not infrequently caused by purely mechanical irritations. Ballet dancers, for example, who wear close-fitting tights, and draw them up firmly against the perineum with a twisted cord, sometimes suffer very much from inflammation of the vulvo vaginal glands. The same is true of circus riders, at times.

The treatment of such a simple case may be similar to what has been used here: the application of a detergent wash, followed by the sprinkling on of iodoform powder. The latter is a valuable aid in treating extensive ulcers. It has, however, a strong objection in its odor, which is intensely disagreeable to most people. To counteract this, there may be added to each drachm about ten grains of tannic acid, or, better still, ten drops of the oil of gaultheria, which will deodorize it pretty well.

Another point is worth remembering. The application of iodoform to such a surface often results in the formation of a pretty firm crust, composed of the powder mixed with the discharges or secretions. This may be removed by soaking, and, best of all, by the application of a poultice for a few hours each day, before renewing the powder.

Such has been the treatment of the patient before you since last Wednesday, just one week, and she tells us, with evident sincerity, how much better she is now feeling. The appearance of the ulceration is decidedly better, and we shall continue the use of what has already done her so much good.

Case 2.—Syphilitic Ulceration of the Face.

This patient, whose nose is partly destroyed and fallen in, whose upper lip is retracted, and her appearance irretrievably ruined, admits a syphilitic history, and presents a sad case of the ravages of the disease.

You see applied to the ulcerated surface of her nose a piece of lint, which protects the coating of iodoform which has been used in her case. This is in addition to a daily application of a solution of acid nitrate of mercury diluted with six parts water.

In a case of this sort, the coating of iodoform which adheres may be removed, as in the case we saw just before, with a poultice, but, as we are dealing with the face, and wish to be a little delicate, we may employ, instead of the usual poultice materials, a small quantity of clear starch just as effectually, and more agreeably to the patient's feelings.

This woman is taking, at present, as an antisyphilitic remedy, the Sirop-Gibert, a French preparation, the use of which I introduced into this hospital about two years ago, and which is one of the best forms of administering mercury of which I know.

I will give you the formula for its preparation, so that you may have it made whenever you wish.

SIROP-GIBERT.

℞.	Red iodide of mercury,	grs.xvss
	Iodide of potassium,	℥j ℥v
	Distilled water,	f.℥j f.℥vj. M.

Dissolve and filter, then add simple syrup until the whole measures fifty fluid ounces.

The dose of this is a tablespoonful, containing one-seventh of a grain of the red iodide of mercury, and seven and three-quarters grains of the iodide of potassium, which may be given three times a day. This preparation I have never known to salivate a patient.

Case 3.—Syphilitic Ulcer of Leg.

Here is another of these specific ulcers, but in a very different location. It is just on the inner side of the right ankle, a not infrequent position. It measures now about three inches by two and a half, and has been larger. It has been accompanied by other evidences of advanced syphilis. This young man gives a

history of those frightful osteocopic pains which torture so many syphilitic patients. He lies awake whole nights, tossing about in his bed, turning his pillow over to find a cooler and more comfortable part; sometimes he must get up and go to a window, to change his position. A clear enough case, calling for specific treatment, above all things. Consequently we have given him the Sirop Gibert, and applied to the ulcer iodoform. I had intended, if the ulcer continued as indolent as it was a week ago, to apply today the actual cautery. But fortunately for our patient, he is much better, and need not be subjected to it. The surface of his ulcer is quite healthy-looking now. A good crop of sound granulations is springing up, and it would be a mistake to interfere with them so long as they do so well.

Case 4.—Chancroids and Bubo.

This patient came into the hospital four days ago, with a suppurating bubo, with an elongated and highly inflamed and swollen prepuce, upon which were seven chancroids, and with pus oozing from the opening in a way that led to the belief that there were within it concealed chancroids. Under these circumstances, my resident, Dr. Stehman, very wisely slit up this prepuce, and discovered no less than six sores. This is a procedure which should always be followed in similar cases. Where you have reason to suspect that there are concealed sores, and you cannot retract the foreskin so as to satisfy yourself, you should slit it up or perform circumcision, by which means you will be enabled to inspect the parts thoroughly, and, what is of prime importance, keep them thoroughly clean. In no diseased condition is cleanliness more imperative than in venereal diseases. Where sores of this nature are exposed it is usually best to cauterize them promptly, and then apply some detergent and mildly stimulating lotion, which has been done in the case before you.

The bubo, you see, has been freely opened, and is to be gently packed with lint, which may be soaked in a lotion similar to that used for the penis.

Case 5.—Stricture of the Rectum.

This young woman says she has been five years married, but is not now living with her husband, who was a man of bad habits and deserted her. Three years ago she first had her attention called to her rectum, by the onset of sharp, lancinating pains when she defecated. Since this time she has never had a single comfortable stool. She has observed that the fecal mass was ribbon-shaped, and accompanied at times with the passage of some blood and mucus. She has also, she tells us, noticed that small quantities of fecal matter, with or without blood and mucus, pass from her between stools, and stain her linen.

She starts to tell us what a previous doctor said, and you observe that I silence her. I don't want to know what another doctor said now. And above all, I cannot permit her to mention the name of the doctor, which, unless prevented, she would doubtless do. Very often an absent physician or surgeon is wronged by permitting his name to be publicly connected with a real or apparent error in diagnosis, and I beg that none of you will ever be guilty of such a discourtesy.

To return to our case, you doubtless know already what is the matter with this woman. When I ask, some of you reply, at once, "Stricture of the rectum," and I feel sure you are right. But nothing will satisfy me, nothing should ever satisfy you, but a digital examination. Let me charge you never to take a patient's word for what is the matter with his or her rectum. Girls will be modest, women will be captious, men will be freaky; but, if patients will not submit to being examined, you had better shake off their dust from your feet than risk your reputation and their well-being by treating them so in the dark.

In conducting this examination, you see that I first charge my finger with soap, working it well under the nail and about the edges and matrix. This is to avert the danger of infection, a danger by no means rare or slight, for the rectum is not a very uncommon seat of syphilitic lesions. The use of this part for unnatural sexual intercourse is no rarity in great cities, and, with our modern ideas of the inoculability of the secretions of secondary lesions, we know that they, too, may become the means of communicating the disease to an innocent person. So we must be cautious in our examination, lest we have the misfortune which has befallen other medical men who have contracted syphilis in the discharge of their professional duty.

Having now oiled my finger, I insinuate it gently through the sphincter ani, and find, as you expected, a stricture, about an inch above the sphincter, and which just admits my finger, as I pass it along with a rotatory movement.

Once well by the band, I instantly do the operation, by divulsion, for stricture of the rectum. The woman cries out as my finger tears the adhesions but she has the advantage of having had the operation performed quickly, without the trouble of anxious anticipation, and, I trust, effectually. You see a certain amount of blood ooze from the anus, mixed with some mucus and a little fecal matter, and I now pass through the rectum a bougie, of about one inch calibre. Every other day this, and later successively larger ones, will be passed by my resident, and I have no doubt the patient will be cured.

This method of treating such a stricture, divulsion, if it can be employed, is far preferable to the knife. It is usually feasible in strictures situated near enough to the anus to be reached, and not too firm or too narrow to admit the finger. A stricture of three years' standing I should not expect to be a very firm one, nor has it proved so in this case.

Strictures of the rectum are usually due to

syphilis or cancer. The latter is more common in elderly people; while young persons, and young women in particular, who have stricture of the rectum, generally owe it to syphilis. In the present case we cannot yet say certainly that this has been the cause; but, with a suspicious history as the foundation, we shall institute a careful search for any evidences of it that remain.

Medical Societies.

BRITISH MEDICAL ASSOCIATION.

(*Continued from p.* 320.)

SECTION C—OBSTETRIC MEDICINE.

The President of this section was Dr. Alfred H. McClintock. Of the papers presented we mention one by Dr. C. H. F. Routh, of London,

On Intra-uterine Pessaries.

Dr. Routh referred to cases where the flexion or displacement occurred, not so much in the uterus, as at the point of union of the vagina and uterus. An illustrative case was given, which proved the inadequacy of all known means. Dr. Routh then showed an apparatus for remedying this state of things. It consisted of a sort of Hodge's pessary, upon which and in the centre of a cross-bar a stem was placed. Three varieties of this were shown, and their mode of application was described. In cases of anteflexion, it was peculiarly useful. By means of a screw in one variety, the stem could be moved forward or backward, and so the flexion corrected. One effect was to enlarge very much the external os, and so to overcome sterility. The instrument had the advantage of remaining clean, and kept the uterus in excellent position.

Dr. Marion Sims said he disliked intra-uterine stems, because of the inflammation that was likely to ensue; but the results of Wynn Williams, Routh, Greenhalgh, Thorburn, Van der Wyde, etc., had brought him round to favor their use. The mischief that arose from the use of Simpson's intra-uterine stem was because it was too rigid, and did not allow any motion of the uterus; but these of Dr. Routh had not that defect. If the precaution were taken to make the stems not longer than two inches, they might be used with but little detriment.

Dr. Norman Kerr referred to the

Treatment of Post-partum Hemorrhage.

The main cause he found to be alcohol. Brandy or gin had been lavishly given during labor, and imperfect uterine contraction, with hemorrhage, was the result. Busch and Moser, Conquest, Burns, Robertson, and Leake had given strong expression to a similar opinion. As to treatment, no case had ended disastrously. His treatment comprised clearing out and manipulation of the uterus, external pressure, ergot, turpentine, aluminate of iron, and cold afterward; in collapse, ammonia, aromatic powder in hot water, *extractum carnis*, hot external applications, and injection of water at 110° Fahr. Four cases were given: ice, milk, extract of meat, essence of beef, soups, and gruel were administered, but no alcohol was allowed. The indications of treatment were to keep the patient alive, to check the flow, and to set up uterine contraction. The danger attending the use of stimulants, in relaxing the control of the circulation and dilating the uterine arteries, was specially pointed out; stimuli being admissible only when syncope threatened to end in fatal collapse, and to be given only with the utmost caution.

Dr. J. G. Swayne read a series of statistics to show

The Uselessness of the Forceps

to infant life. The object of this paper was to show that the timely use of the forceps had not, in the author's practice, led to any considerable saving of infant life. In the support of this view, Dr. Swayne stated that he had used the forceps one hundred and fifty-three times for difficult labor, exclusive of complications, such as hemorrhage, convulsions, etc. In these one hundred and fifty-three cases there were twenty-three still-born children. In most of these death was clearly due to compression of the head, partly caused by the forceps and partly by the length of the labor. But in four cases death undoubtedly resulted from compression of the cord (which was round the child's neck) by the forceps, a danger which it was almost impossible to guard against. To test the question as to the amount of infant life saved by forceps, Dr. Swayne compared the cases of one hundred primiparæ in the later years of his practice with one hundred similar cases in the earlier years, before the forceps was so generally used. Only those cases were taken in which he was the original attendant; all those being excluded to which he was called in consultation by other practitioners, and in which the head did not present, or in which there was any complication of labor. In the first hundred named, the forceps was used thirty times, whereas in the last it was used only twelve times. The advantage was in favor of the first, in so far that no mother died and no child was destroyed by craniotomy in this hundred; whereas, in the other hundred, there was one maternal death and one case of craniotomy. Otherwise, the two groups stood much on a par as regards infant mortality.

A paper by Mr. Henry Allbutt was upon the question,

How to Diminish the Mortality in Childbirth.

This paper dealt, the author said, with a medico-social subject, which should be solemnly considered by the members of the medical profession. Many who had large midwifery practices had no doubt witnessed most distressing and heart-rendering scenes. Statistics proved that in England and Wales over 3000 mothers perished annually from childbirth. In every 189 deliveries, one mother died who had been in excellent health up to the time of pregnancy.

A certain law governed the various child-bearing periods in the amount of mortality. The first decenniad, from fifteen to twenty five years of age, the maternal mortality amounted to about 668 in every 100,000 childbirths. The mortality in the second decenniad, from twenty-five to thirty-five, is 425 in every 100,000. From thirty-five to forty-five, the mortality was 633 per 100 000. From forty-five to fifty-five, it was 833 in 100,000. The question arose, could a large amount of those valuable lives be saved? The mortality was largest in the first and last two decenniads. In the first five or six years of the first period—the mother had not yet reached her full development of bodily growth—various radical defects and imperfections, which a few years would, in most cases, remove, were tested for the first time and found wanting. In the last two periods, thirty five to forty-five, and forty-five to fifty-five years of age, the female soft parts suffered from more or less rigidity, and there were uterine inertia, rupture of the uterus, hemorrhage, exhaustion, peritonitis, and many other evils. The smallest number of deaths occurred from twenty-five to thirty-five years of age, and the great reason of this was that woman had then reached her greatest prime of development and strength; the period of child bearing should, therefore, be limited from about twenty to thirty-four or thirty-five years of age. During the above period mortality was the smallest. Women should marry as soon after twenty years of age as possible. No woman should have offspring much after thirty-five years of age. Medical men, being the advisers of the public, should lift a warning voice against too early and too late marriages, as well as against the practice of too large families. Many very valuable lives might be saved if the profession would only speak with decision on this important social question. A large amount of indirect mortality arose from various diseases induced by the practice of over-childbearing and excessive lactation, viz., anæmia, phthisis, chronic neuralgia, varicose veins, etc.

A discussion was opened by Dr. Routh on

Conjugal Onanism.

He quoted from Dr. Bergeret's work on "*Sexual Frauds*," various uterine and vaginal diseases supposed to be brought about by this practice.

Dr. Henry Bennet considered that the amount of diseases of pregnancy, and during the first month after parturition, was due to the uterus being in a diseased condition at the time of conception. He believed that there was a very much larger amount of disease of the womb than was supposed. Thus he constantly found uterine disease two months after parturition. His youth had been spent in France, and so he could speak from immediate observation. He stated positively that the system of withdrawal was the way almost universally practiced in France. It was partly the result of the law by which property is subdivided; and hence the desire of not multiplying children. There were in France six millions of landed proprietors; and the population of France was diminishing. This criminal condition of things led to promiscuous intercourse. On the whole, he agreed with Dr. Routh, but thought he had attributed too much disease to this cause.

Dr. Marion Sims stated that such practices existed everywhere, in America as elsewhere. But in America they had made great strides against the evil in stopping the publication of obscene literature, and the importation of instruments used for vile purposes. The laws of Malthus were not applicable to-day, as there was much more facility of communication. Overbreeding did not produce ill health. A woman who had twenty-three children regretted that she did not have the twenty-fourth. No doubt onanism sent many persons to the lunatic asylums. He knew a married woman who confessed to him that, for thirteen years, she had never had a chance of conception. He had known a case where this practice had, in six years, produced obstinate leucorrhœa, and then sterility. Patients often came complaining of hysteralgia; and, if they were asked why they had no more children, they said that some doctor had advised to the contrary.

SECTION D—PUBLIC MEDICINE.

The President of the section was Dr. J. T. Arlidge, F. R. C. P.

Mr. S. W. North advocated the registration of diseases. Dr. Edward Seaton explained the importance of a compulsory notification of infectious diseases.

The Filtration of Water.

Mr. J. Lane Notter stated that the object of filtration was to do away with organic matter. But we have in the generic term "organic matter" the following distinct products: *a*. The spore, or germ, or organism; *b*. The dissolved organic matter ready to decompose and eliminate gaseous impurities forming the pabulum of *a*; *c*. Morbific matters resulting from their nutrition; *d*. Further morbific matter originating probably by catalytic action in *c*. In addition, we have vegetable organisms to a large extent present. Dr. Notter gave the results of a number of experiments on filters, and stated that animal charcoal acted only on decomposing organic matter. On fresh albumen it had no power, and this passed through unchanged, while .95 per cent. of decomposing albumen was removed. The result of filtration through charcoal was to change the character of the organic matter and render it innocuous. The following conclusions were arrived at, the results of a large number of experiments, extending over a period of two years. 1. Water may be very considerably purified by filtration through animal charcoal; the purification is very rapid, and it is satisfactory if the water is to be used immediately. 2. Water must not be left long in contact with charcoal, under penalty of taking back impurities from the filtering media.

3. Water filtered through animal charcoal must not be stored, as there is danger of the formation of low organisms. 4. Charcoal in the form of compressed blocks tends rapidly to clog, and these are not adapted for much work. 5. Spongy iron is undoubtedly the best filtering material; it does not appear to be so rapid in its action as the charcoal; and its inventor is apparently justified in prolonging the time of contact of the water with the filtering material. Dr. Notter stated that the final results of his experiments seemed to indicate that spongy iron is the only absolutely safe substance for water filtration. Animal charcoal is, perhaps, more convenient, but the water must not be left long in contact with the material, and certainly cannot be stored with safety after filtration.

(*To be continued.*)

Editorial Department.

Periscope.

Severe Nervous Affection Resulting from a Collection of Worms in the Intestinal Canal.

The *Doctor* states that Dr. Weiss, of Neusiedelam-See, sends notes of the following case to the *Wiener Med. Presse*, 1878, No. 12. He was sent for to see a boy of six, whom he found in bed with closed eyes, occasional involuntary movements of the hands toward mouth and nose, and left angle of the mouth somewhat retracted. His face was flushed; the body temperature increased; sordes upon the lips; the tongue dry and fissured; pupils decidedly dilated; pulse small and frequent; the heart beating violently; breathing short and quick, and occasionally interrupted by a short cough. There were no physical signs of lung trouble. The abdomen was distended and meteoric; careful palpation showed a somewhat hard, nut-sized swelling in the region of the great intestine. From the beginning of the attack there had been more or less constipation, which had been complete during the last four days. The history was as follows:—The boy, previously perfectly healthy, had been ailing for some six or seven weeks. He had lost appetite; had become feverish; changed color from a dusky flush to deadly pale, many times through the day; talked in his sleep; complained of pain in the abdomen and head; had an unusually staring look from his eyes. In addition, he had suffered nausea without vomiting; coughed occasionally, and picked his nose and mouth. For twenty-two days he had not left his bed. The physicians who had attended the case had taken it for gastric fever, with hydrocephalus, teething, typhoid, etc. Weiss, however, in his account of the case, observes that none of these affections last so long as six to seven weeks. The various symptoms, in his opinion, pointed to a hyperæsthesia, a reflex excitement of the nervous system, the cause of which in so young a child must be traumatic, mechanical, or parasitic. The decided swelling in the intestine indicated a helminthic trouble in that region; and Weiss, on questioning the child's mother more closely, found that, for some months previously, he had been ailing on and off, had had "flashes of heat," was occasionally delirious, and sometimes tossed all night on his bed. On learning, further, that a Viennese professor had cured him of a somewhat similar trouble some time before, by the administration of a "laxative tea," Weiss made up his mind as to the proper course to pursue, and ordered at once a mixture containing santonin, together with an "anthelminthic plaster" to the stomach externally. A few hours later the child waked from his stupor and passed a number of worms.

Membranous Dysmenorrhœa.

In a valuable article upon "Membranous Dysmennorrhœa," in the Transactions of the Obstetrical Society of London, Dr. John Williams arrives at the following conclusions:—

1. The dysmenorrhœal membrane is not the product of conception, but the decidua ordinarily shed as debris with every menstrual epoch.

2. It is expelled as a whole or in masses, in consequence of the presence of an excess of fibrous tissue in the wall of the uterus; this excess is due to imperfect evolution at puberty, imperfect involution after parturition or abortion, or it is the product of acute inflammation.

3. The membrane is neither the result of an ovarian congestion, nor of an hypertrophy of the ordinary decidua.

4. The chronic inflammation present is usually the result of the monthly expulsion of the decidua from the uterus, and plays an accidental part only in its production; the inflammation may, however, be independent of the expulsion of the membrane, but usually it has no causal relation to the formation of the latter.

5. Sterility is not necessarily associated with the affection, but is the result of the condition induced by the expulsion of the membrane from the uterus and ovaries.

6. The membrane may be expelled without pain

7. Inflammation of the uterus greatly aggravates the suffering caused by the passage of the membrane along the cervical canal.

8. Great relief may be obtained by curing the inflammation of the cervix, though the membrane continues to be expelled every month.

9. In order to effect a cure, the structure of the whole body of the uterus must be altered.

Signs of Forced Abortion.

In a late work by M. Gallard he enumerates these, with the comments on them of a reviewer in the Dublin *Medical Journal*:—

First, at the autopsy of the mother, among other signs observed by the author himself, or taken from the experience of others, he insists upon a new one, for which he claims a high value—it is the presence of ecchymoses in the *culs-de-sac* of the vagina and on the projecting lips of the os tincæ. This sign, however, we cannot admit to be pathognomonic, as ecchymosis may be observed in circumstances where there is no suspicion of abortion. Secondly, in the autopsy of the fœtus and the comparison of the lesions which it shows with those which exist on the body of the mother. When the comparison can be made it is of great importance, and an interesting case is related to illustrate its value. Thirdly, at the examination of the living woman, and the agreement between her replies to questions asked and the state of the organs examined. Lastly, and this is the most original part of the work, at the inspection of the expelled product, M. Gallard insists specially on a sign which has never misled him in cases where the abortions occurred before the end of the third month of pregnancy. It is the tearing of the membranes. These, save in a very few cases where it is always easy to account for the rupture from severe violence, are not broken when the abortion occurs naturally. A series of well-arranged cases renders the work clinically interesting as well as judicially valuable.

Subnitrate of Bismuth.

Prof. Gubler, speaking of this substance at the Académie, observed that it is a mechanical absorbent, just like any other dry powder; and it is a certain antacid, for while it does not absorb carbonic acid gas, which is secondary, it efficiently absorbs the normal acids in excess in the gastric juice, and especially the acids formed accidentally, at the expense of alimentary or other matters introduced into the *primæ viæ*—acetic, and lactic, and volatile fatty acids. Moreover, the basic salt of bismuth possesses the very great advantage of absorbing sulphuretted hydrogen gas, or of producing with the sulpho-hydrate of ammonia, by double decomposition, nitrate of ammonia and sulphuret of bismuth. In this latter effect bismuth can only be replaced with difficulty, chalk, in particular, the employment of which would be so convenient, so cheap, and so inoffensive, not seizing hold of sulphuretted hydrogen. Oxide of zinc is the only other substance that can fulfill all the indications so well met by bismuth, and it easily becomes nauseating or emetic. It is, however, a remarkable thing that this inconvenience especially occurs when small doses of the oxide are employed—as from a twentieth to a fifth of a gramme—which always meet with enough acid in the stomach to convert them into neutral salts. When large doses are given—as a half to one, two, three, and four grammes per diem—they are exempt from all emetic properties, and especially when united with sufficient bicarbonate of soda to neutralize the acids of the *primæ viæ*. This combination furnishes excellent results in the same cases in which bismuth succeeds.

The Filtration of Drinking Water.

Dr. A. B. Prescott remarks, in the Michigan *Medical News:* It seems to me, more attention might well be given to the purification of rain water, river water, etc., by that simple means, everywhere and at once cheap and available, the use of a portable filter with a good bed of pulverized charcoal in layers with gravel. I do not disparage filters set in cisterns or reservoirs. If made on right principles they may do the work expected of them. They have an advantage of permanence and uniform supply without daily attention, but they are much more liable to failure from neglect of the true conditions of filtration than the simple movable filters manufactured for sale.

Some of the definitions and conditions of a good water filter may be given as follows.

1. It must be more than a strainer, and remove more than suspended matters. A brick partition (of bricks mortared edge to edge) in the cistern or reservoir makes a good strainer, removing undissolved matters, but not much else.

2. It must remove from the water the dissolved colloids—the organic matters. The power of a bed of powdered charcoal, especially bone charcoal, to withdraw coloring and other colloid matters, is familiar in manufacturing operations.

3. The good water-filter, instead of becoming filled with the organic matters it removes, causes their prompt oxidation. To do this it must have air. A filter constantly submerged under water can act only with the attenuated oxygen dissolved by the water, and cannot effect half the oxidation it would if exposed to the air for the greater part of the time. Without oxidation of its gatherings, a filter can render only a brief service.

—At the late meeting of the British Association, Dr. H. Muirhead made a communication on "Left-handedness." He thought it depended on which half of the brain took the lead. Left-handedness once begun in a family was likely to run in it. It was a curious fact that left-handed people had the left foot one-third to one-eighth of an inch longer than the right.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——Spinal Curvatures and Treatment of Spinal Diseases by the Plaster-of-Paris Jacket (Sayre's method), is the subject of a report to the Nebraska State Medical Society, by Dr. S. D. Mercer (pp. 33). It is a clear exposition of the method, well illustrated. To be had of Dr. Mercer, Omaha, Nebraska.

——In a paper read before the Conference of Charities at Cincinnati last May, Dr. Nathan Allen, of Lowell, Mass., sets forth in a terse and clear manner his schemes for the prevention of disease, insanity, crime, and pauperism. The suggestions he makes are, in the main, sound and timely, and ought to fasten the attention of those who love their race. We are also in receipt of a pamphlet from Dr. Allen, giving a large number of favorable reviews of his various essays on public medicine. It would have been more in conformity with thorough frankness to have added some of the less favorable opinions which have been honestly entertained by some critics about some of his teachings, for instance, that published in this journal, to which no allusion is made. It would have been less agreeable to have inserted these, but more praiseworthy.

BOOK NOTICES.

Sanitary Examinations of Water, Air, and Food. A handbook for the Medical Officer of Health. With illustrations. By Cornelius B. Fox, M.D., M.R.C.P., London. Philadelphia, Lindsay & Blakiston. 1 vol. sm. 8vo. pp. 508. Price $4.

The medical officers of health in England are a body of medical men appointed by the government to discharge the duties of general sanitary inspectors. They are often called upon to investigate the purity of drinking water, the breathing air in factories and schools, and the quality of food offered for sale by butchers and grocers. The book before us is a guide to the best methods of making the analyses and investigations required. The section on water lays down the procedures for discovering organic pollutions, mineral matters, poisonous metals, etc., in water. On the subject of the air, the different kinds of impurities are noted, as produced by the presence of the oxides of carbon, putrefactive processes, sewage emanations, poisonous gases, injurious vapors, subsoil, churchyard and marsh air, and the like. Ozonometry is also discussed, and the relations between certain meteorological variations and conditions of health and disease. The most approved modes of taking meteorological observations, as regards pressure, temperature, hygrometry, the wind and the electrical state of the air are explained.

In the section on food, the characters of good and bad meat, the diseases of stock, the examination of corn, flour, bread and milk, and the proper mode of destroying condemned flesh, come up for discussion. It will thus be seen that to the practical sanitarian this is a very useful book.

The Druggist's General Receipt Book. Comprising numerous recipes in patent and proprietary medicines, druggists' nostrums, veterinary formulæ, perfumery and cosmetics, beverages, dietetic articles and condiments, trade chemicals, scientific processes, and an appendix of useful tables by Henry Beasley. Eighth edition. Philadelphia, Lindsay & Blakiston, 1878. 12mo, pp. 510. Price, cloth, $2.50.

The title-page tells all that need be said, of a descriptive character, of this book. It has long been known and esteemed among English druggists. It is an English work, and is not quite so convenient for American druggists on that account, as it is based, of course, on the British Pharmacopeia. The editor tells us, in the preface, that the work has undergone careful revision for this edition.

Transactions of the Twenty-Fifth Annual Meeting of the North Carolina Medical Society. 1878. 8vo, pp. 98. Wilmington, N. C.

The usual proceedings, the address of the President, Dr. Robert L. Payne, and a number of scientific papers, fill up the pages of this volume. Dr. Payne discusses, in an interesting manner, some of the problems of heredity (a good word, though of late abused by some). Diphtheria is spoken of at considerable length by Drs. Charles Duffy, Jr., and J. K. Hall. Dr. R. H. Lewis read some ophthalmological cases. Dr. William Little narrated an extraordinary case of suppression of urine, of ten days' duration; and Dr. W. T. Ennett delivered a scholarly annual address, of an historical character.

THE

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RECENT DISCUSSIONS ABOUT HOMŒOPATHY.

Various medical journals this summer have been discussing the question as to the relations which an honest physician should hold toward those various parties who profess to make it a business of treating disease on some peculiar, exclusive theory of drugs, or of pathology.

Last spring, as we then mentioned, the Homœopathic Society of New York passed certain resolutions which substantially disavowed exclusiveness. Whether to consult with so-called homœopathists, who respect their distinguishing doctrine merely as a rule and not a law, came before the Comitia Minora of the New York County Medical Society, who reported the following resolution:—

"*Resolved*, That strict adherence to the proposition, *Similia similibus curantur*, in the selection of medicines, and the rejection of *the aids furnished by anatomy, physiology, pathology, and organic chemistry*, constitute exclusiveness.

"Those who do not reject the aids referred to, and who do not prescribe homœopathically when better ways are known to them, are not exclusives. The only exclusives known to the Comitia Minora are a minority of the Homœopathic Medical Society of the county, and the members of the Eclectic Medical Society, the constitution of whose State organization excludes the employment of antimonials, mercurials, and venesection.

This resolution was lost by a close vote.

Another branch of the subject came before the last meeting of the American Medical Association. The following amendment to the constitution was proposed by the judicial council, and laid over, under the rules, for consideration at the next annual meeting:—

"It is considered derogatory to the interests of the public and the honor of the profession for any physician or teacher to aid in any way the medical teaching or graduation of persons, knowing them to be supporters and intended practitioners of some irregular and exclusive system of medicine."

The covert aim of this resolution was at the Medical Department of the University of Michigan, which is obliged, under the State laws, to receive and graduate homœopathists. A telling response to the resolution has been filed by the editor of the Pacific *Medical and*

Surgical Journal, whose orthodoxy in medicine is beyond the suspicion of a doubt. He says, and very pointedly, of this resolution—

"Should it be adopted, it will become a violation of the constitution to teach sound and rational medicine to a heretic—to admit to medical lectures any person who is given to homœopathy, eclecticism, hydropathy, or any other dogma or set of dogmas, and who seeks a knowledge of regular medicine. To our view the provision appears not only impracticable, but absurd. Fancy an orthodox clergyman addressing his congregation on this wise: 'Brethren, if there be any present who are heretics, or given to unsound faith—if there be any Unitarians, or Roman Catholics, or infidels—if there be any whose doctrines do not conform to those of this church, they are requested and required to withdraw; for I am forbidden to proclaim the gospel of truth to any but true believers.' Will any one show us wherein the two cases are not parallel?"

This is a *reductio ad absurdum* which the advocates of the resolution will find it hard to answer. For ourselves, we should be very highly pleased to have all students who propose to become homœopathists take a regular course first, at Bellevue, Harvard, Jefferson, or the University. We have known several instances where homœopathic practitioners sent their sons to one of these schools, intending to have them subsequently take a homœopathic degree; but in every case the old gents were disappointed and disgusted by their sons turning their backs on Hahnemann and his crowd, and joining the regular ranks.

In fact, nothing but gross ignorance of the history of medicine and its rational principles can induce an honest student to follow an exclusive dogma. For centuries, many regular physicians have practiced according to the rule of homœopathy, believing it to be the correct one, *as a rule*, and nobody has found fault with them. This has been well illustrated by Dr. B. W. Richardson, in a recent lecture, from the writings of that fine old medical scholar, Michael Albertus, the famous Professor of Medicine in the University of Halle from the year 1710 to 1757. Albertus was the grand essayist or journalist of the time in which he lived. His first dissertation, on Hypochondriasis, was published in 1703; his last, on a kindred subject, in 1755. In the fifty-two years he contributed, on an average, seven dissertations a year, in all 364, in which he discussed almost every subject connected with the progress of medical science.

In the issue of these dissertations Albertus produced three, of a therapeutical order, which have had the most marked influence on our remedial art. The first of these, "Dissertatio de Curatione per Expectationem," published in 1718, related to that method of cure which has since been known as the expectant method. The second, published in 1731, "Dissertatio de Curatione per Contraria," related to that mode of treatment which has since been called allopathy. The third, "Dissertatio de Curatione per Similia," published in 1734, related to that mode of treatment which has since been styled homœopathy.

In his day, and in our day, nothing stands in the way of the most orthodox physician pursuing one or other of these methods. But he will not erect it into an absolute law of nature, sacred as the Scriptures, unalterable as the edicts of the Medes and Persians. Any such position is rank folly, not for medical, but for scientific and logical reasons. Inductive logic knows no such laws, and it is for this reason that none but thoroughly unintelligent men can honestly maintain any exclusive dogma.

Notes and Comments.

Napheys' Medical Therapeutics—Sixth Edition.

We have to announce that the fifth edition of this highly esteemed work, although published no longer ago than last January, is completely sold out. No better testimony as to its value could be offered; unless it is the fact that we have always advertised our willingness to take the book back, when ordered by mail, and refund the money, if it proved unsatisfactory; and that, in *not a single instance* have we been asked to do so.

Recognizing the estimate put upon the work by this large demand, we have another, *the sixth*, edition now in press, on which a great

deal of labor has been bestowed to make it a representative book. The monographs, papers and journals of the last eighteen months have been carefully searched, and all their important suggestions respecting treatment, new remedies, etc., incorporated. The sixth edition will be somewhat larger in size than preceding ones, as it will have both new matter and several new headings; but its price will remain the same ($4.00, cloth), making it at once the cheapest and the most useful book the actual working doctor can buy. The new edition will be ready in December.

Acetic Acid Injections in Carcinoma.

Acetic acid, used subcutaneously, in cancer, is by no means a novelty, but does not deserve to be forgotten. It has been revived of late by Dr. T. Gies, who states, in the *Zeitschrift fur Chirurgie*, that he effected marked improvement in a case of cancer seated on the ramus of the lower jaw, which had returned after operation, and had attained the size of a fowl's egg, by the injection of acetic acid in the proportion of one part of the acid to three of water. The tumor speedily underwent reduction of size, and was ultimately no larger than a hazel nut. The same patient had a second tumor, of the size of an egg, beneath the ear, which almost entirely disappeared in the course of twenty-one days, after twenty-five injections of strong acetic acid. In a woman, again, who had a carcinoma of the size of a pigeon's egg, in the left mammary gland, ten injections effected its removal, in great part, in the course of a month, reducing it to the size of a hazel nut.

Singular Plan of Counter Irritation for Stings.

The Southern darkey, to cure a toothache, will put a piece of red pepper in his eye. We had always taken literally his explanation, that he "soon done got enuff to do with dat eye, dat dar war'nt no time to think of de tooth." But according to Dr. Lucas, of the Bombay army, the proceeding is rational, after all. This writer describes a similar treatment for scorpion stings. He says: "The sting is at first like a sharp prick from the point of a needle or a finely-pointed nail, and in a very few seconds it assumes a very agonizing form, as if innumerable pins and needles were thrust into the part. It then shoots up the limbs, along the course of the main nerve-trunk, and is afterward of a darting and most excruciating nature, reaching its climax in from three to five minutes. When a pinch of powdered alum is put into the eye (the eye of the affected side being preferable), the pain of reflected irritation ceases almost instantly as the conjunctival mucous membrane begins to smart; the local pain, perhaps less severe than before, gradually subsides after some hours, and its disappearance is, I am inclined to think, expedited by firm and steady pressure. In regard to the *modus operandi* of the alum cure, I will refrain from saying anything beyond that it probably acts by distracting pain and irritation elsewhere."

The Digestive Principle in the Gizzard.

Dr. N. L. Folsom, of New Hampshire, writes us:—

"I published, June 5th, 1873, in the Boston *Medical and Surgical Journal*, vol. 88, page 587; an article on gizzard skins as a domestic pepsin, far superior to that made from pigs' stomachs. Shortly afterward the above article appeared in one or more pharmaceutical papers.

"In 1876 A. F. Shelly, M.D., of Philadelphia, gave the above medicine the name of *Ingluvin*, and called it his own prescription, and praised it in the highest manner."

If Dr. Folsom will turn to Dr. Shelly's article, in this journal, he will find that the latter did not claim a discovery, but states that the gizzard had been long and widely esteemed as a domestic digestive preparation.

Cotoin as an Anhydrotic.

The London *Medical Record* states that Dr. Fronmüller observed, in the case of a phthisical patient, suffering at the same time from colliquative diarrhœa and sweating, that, under the use of full doses of tincture of coto, both these symptoms disappeared. After this, he gave tincture of coto in ninety-one cases of excessive sweating; in thirty-four with complete, in thirty-six with partial success, and in twenty-one without result. The beneficial action of coto, which seems to have as its basis the raising of the energy of the blood-vessels of the skin, generally lasted only one night, but often for a longer time. Digestion was not interfered with; the appetite was, indeed, often increased, so that Dr. Fronmüller was led to give the tincture as a stomachic in the morning, in some cases of anorexia. This absence of any injurious effect on digestion gives coto a great advantage over other remedies used to arrest sweating,

such as tannin, lead, nitrate of silver, aconite, alum, etc.

Dr. Fronmüller has given cotoin and paracotoin in eighteen cases of diarrhœa of various forms; in nine with complete and in six with partial success, and in three without result. He has also given them in eighteen cases of night-sweat; in eight with complete, in nine with partial success, and in one without result. Paracotoin was given in five cases; cotoin in thirty-one.

The West India Islands as Health Resorts.

On this subject Dr. R. H. Bakewell says, in the *Practitioner*—

The best for the invalid is undoubtedly Barbadoes. It is a coral formation, and so dry that all the prayer of the planters is for rain. The roads are dry ten minutes after the heaviest shower. The resident gentry are a highly educated, most hospitable, and courteous set of men. The best time to arrive would be by the end of September, or beginning of October. This would give the whole of the winter in the tropics.

Yellow fever rarely makes its appearance in Barbadoes, and if it does a chronic invalid runs no danger from it. It is your florid, healthy, beer and brandy drinking Britons who die from yellow fever. Besides, it is almost confined to the barracks, and to low unhealthy places in Bridgetown.

The Poison of Milk Sickness.

This is one of the most remarkable and subtle poisons known. All attempts to fix it on certain plants or certain elements of soil or water have failed. Yet it is of the most permanent and virulent character. A writer in the North Carolina *Medical Journal* gives this illustration:—

"Captain Thompson lost thirteen of his cattle from milk sickness as he was driving them from the Millstone Knob (a noted spot for the disease). He had them skinned, and the hides were hung on poles between his cribs; the rats being quite numerous, they gnawed the cellular substance from the hides, which was so poisonous as to kill every rat about his cribs."

He adds:—

"This poison differs from all the known poisons in the world, in the following particulars:—

"1st. It lies quietly in the system for a long time, without exhibiting any of its toxical powers, until the person or beast is forced to take exercise.

"2d. It is more ethereal and diffusive than any poison known to me. Most of the poisons with which I am acquainted affect the stomach and bowels, the brain and nervous system; this pays no court to either, but extends through every muscle, bone, and tendon, affecting the whole system; yes, even the skin and cellular substance under the skin."

Correspondence.

Sanitation in Yellow Fever.

Ed. Med. and Surg. Reporter:—

In your editorial, volume xxxix, page 275, after quoting extracts from letters from several sources, descriptive of the horrors of the present visitation of yellow fever in the Southern States, you ask, "Whether such dreadful scenes, such destruction and deterioration, are to be allowed to occur every few years, when they can be prevented?"

I believe that I do not misstate your opinion in saying that you believe that the maintenance of street cleanliness in Southern cities and towns would certainly prevent the development and spread of yellow fever. Far be it from me to say aught in detraction of cleanliness, which is ranked next to godliness, or to extenuate the criminal neglect of sanitation in some Southern cities and towns. The question of rigid enforcement of sanitary measures in all cities and towns is no more debatable than the question of personal cleanliness. But since you have read us so severe a lecture on our uncleanness, and have essayed to show us how easy it would be to exclude yellow fever from our midst, and have warned us that we shall call in vain for help and pity unless we amend our ways, we feel constrained to say something in reply to all this.

Would it were true, as you assert, that cleanliness can exclude this pestilence. In that case, only those places which are unclean would be capable of developing, or having received the infection by importation, could propagate it. Now comes the question—are all places where the fever is now prevailing, and were all places where it has hitherto prevailed, in an unclean condition? Undoubtedly, *no!* If yellow fever is essentially a filth disease, how do you account for its prevalence in cleanly localities? It is probable, however, that the presence of filth aggravates the type of the disease, as it does that of many others. Of course, I cannot assert from personal knowledge what is the sanitary condition of all the places infected with yellow fever, but of many of them I can speak. Look at the beautiful and cleanly villages that dot the coast between

New Orleans and Mobile, Baton Rouge, Canton and Holly Springs, and many other places which the most fastidious would admit to be in good sanitary condition.

So far from contenting ourselves with the easy philosophy of the Mexicans, who say that if it is the will of God that the fever should come, it will come, we would urge that no precaution be neglected, and no expense spared to prevent the beginning and development of the dreaded scourge. But I do assert that the infection of yellow fever, like that of smallpox, in its season of prevalence, will take hold of the human system regardless of sanitary conditions and surroundings.

In addition to its prevalence in well-kept towns, do we not, in numberless instances, see it invade the most refined and cleanly country homes, and under these apparently favorable conditions often assume the most malignant type?" For these reasons it would be unwise to rest our hopes of exemption entirely upon a strict enforcement of regulations for the maintenance of cleanliness.

As to the efficacy of quarantine, much need not here be said. Osyka and Holly Springs courted the disease, and it came, alas! to claim their noblest spirits. Many places, it is true, attempted in vain to prevent its ingress, while others, no more cleanly, but perhaps better guarded, are blessed with exemption.

Perhaps we can all agree in ascribing to New Orleans the unwilling distinction of being the *fons et origo mali.*

I will venture to ask the question, in order that it may provoke discussion, what ought to have been done when it first became known that the fever existed in New Orleans? To me it seems that the yellow fever poison, once developed or introduced, the conditions being favorable, will disseminate itself and destroy, as inevitably as that a spark introduced into a dry powder magazine will explode the mass.

New Orleans, perhaps, develops or receives from abroad this disease every year. Its sanitary condition does not vary in such manner as to render it in some seasons barren and in others prolific soil for the growth and spread of the disease. What, then, are the conditions favorable for its propagation?

It is a fact, I think, that this disease never becomes epidemic in the country. It is disseminated by people going where it is, or receiving it through fomites or persons affected by it. Hence, people residing in the country are comparatively safe.

Except New Orleans, the towns and cities of the State are rarely visited by it. Very many of them never had it.

On this bayou, Teche, the garden of the State, the fever rarely comes. It visited some points in 1853, others in 1867, and it now prevails at Pattersonville and on some plantations near by. I cannot close without noticing a remark of "a gentleman living in a country town of Southern Louisiana," quoted by you. He speaks of the people living along his route from Shreveport homeward, as "always inhospitable and avaricious," but now "positively more inhuman and cruel than savages." This language bears the impress of gross exaggeration. Many of them are ignorant, and all, doubtless, afraid of yellow fever, but to say that they are always inhospitable and avaricious, much less, more inhuman than savages, is as unjust as it is false.

Jeanerette, La. W. M. Richardson, M.D.

News and Miscellany.

The Philadelphia Medical Colleges

Have all opened, with large classes and every sign of increased prosperity. They are all increasing the number of collateral professorships, hospital facilities, clinical and anatomical instruction. We have not the space to give the opening lectures in any detail. That at the Jefferson was by Dr. DaCosta. His subject was, "Harvey and His Discovery," which the speaker treated with admirable scholarship, and in the most finished style.

Weekly Report of Epidemics for Week Ended October 12th, 1878.

The Surgeon General United States Marine Hospital Service furnishes the following:—

New Orleans, La.—There were 988 cases of yellow fever and 340 deaths, during the week ended yesterday afternoon. For the last 24 hours, 164 cases and 49 deaths. The disease now prevails throughout the city. Total cases 11,206, total deaths 3400.

Port Eads, La.—One death from yellow fever occurred in the past week.

Baton Rouge, La.—397 cases of yellow fever and 35 deaths for the week ended 9 A.M. yesterday. Total cases 1869, deaths 113.

Morgan City, La.—During the week ended yesterday there were 128 cases of yellow fever and 23 deaths. Total cases 428, deaths 71.

Ocean Springs, Miss.—25 new cases of yellow fever and 6 deaths for the week ended at noon yesterday. Total cases 103, deaths 28.

Pass Christian, Miss.—For the past week there were 35 cases of yellow fever and 3 deaths. Total cases 94, deaths 9.

Bay St. Louis, Miss.—During the past two weeks ended yesterday evening there were 208 cases of yellow fever and 36 deaths. Total cases 286, deaths 56.

Biloxi, Miss.—From commencement of outbreak of yellow fever to the 11th instant there have been 275 cases and 28 deaths.

Port Gibson, Miss.—The yellow fever has spread into the country; at least thirty plantations surrounding Port Gibson are now infected. The deaths to date are estimated at 190.

Friar's Point, Miss.—There have been 13 cases of yellow fever and 4 deaths, to yesterday evening.

Crystal Springs, Miss.—Total cases of yellow fever to yesterday evening 81, deaths 36.

The fever first appeared at Dry Grove neighborhood, 12 miles N. W. of Crystal Springs.

Hernando, Miss.—The first case of yellow fever—a refugee from Memphis—occurred August 31st. 23 cases and 10 deaths during the past week. Total cases to yesterday evening 83, deaths 33.

Grenada, Miss.—6 cases of yellow fever and 2 deaths for the past week. Corrected total deaths to yesterday evening, 323.

Spring Hill, Grenada Co., Miss.—15 cases of yellow fever and 6 deaths to yesterday. First case October 1st.

Vicksburg, Miss.—For the past week there were 33 deaths from yellow fever. 96 deaths have occurred in Warren county, outside of Vicksburg. Total deaths in city and county 978.

Holly Springs, Miss.—Total cases of yellow fever to October 8th 1064; total deaths to that date 241.

Jackson, Miss.—Between 30 and 40 cases of yellow fever reported to October 5th.

Memphis, Tenn.—There were 157 deaths from yellow fever for the week ended the evening of the 10th instant. Total deaths 2784.

Brownsville, Tenn.—139 cases of yellow fever and 35 deaths for the week ended yesterday afternoon. Total cases 413, deaths 121.

Paris, Tenn.—The first case of yellow fever among the inhabitants occurred September 6th. The first case of the fever among refugees August 23d. Total cases to yesterday evening 52, deaths 22.

Cairo, Ill.—Total cases of yellow fever to yesterday evening, 31, beside 5 doubtful cases, total deaths 25. Assistant Surgeon Waldo, of the Marine Hospital Service, taken sick on Thursday, probably with yellow fever.

St. Louis, Mo.—No cases of yellow fever in the city. 3 deaths at quarantine during the past week, two of which were refugees. The Superintendent of the quarantine station is sick with yellow fever.

Louisville, Ky.—For the week ended yesterday evening there were 10 new cases of yellow fever and 8 deaths, of which number 9 cases and 7 deaths were among the inhabitants residing in the infected portion of the city referred to in previous reports. Total cases 112, deaths 49; of these, 88 cases and 34 deaths were refugees.

Cincinnati, Ohio.—No new cases or deaths have occurred since last report up to the 9th inst.

Mobile, Ala.—There were 7 cases of yellow fever and 3 deaths since noon of October 4th to the 11th inst. Total cases 37, deaths 20.

Decatur, Ala.—The first case of yellow fever occurred September 7th. Total cases to yesterday evening, 82, total deaths, 15.

Key West, Fla.—Two cases of yellow fever occurred this week; the first since the 21st of September. Total cases 37, deaths 16.

Canton, Miss.—From October 4th to October 10th there were 90 new cases of yellow fever and 26 deaths. Total cases to that date 810, deaths, 139.

Havana, Cuba.—26 deaths from yellow fever and 3 from small-pox, week ended October 5th. No reports received from the following places where yellow fever exists—Greenville, Miss., Mississippi City, Miss., Water Valley, Miss., Chattanoga, Tenn., Grand Junction, Tenn., Hickman, Ky., South Pass, La., Plaquemine, La., etc.

The Yellow Fever in Memphis.

Dr. Greensville Dowell, who has charge of the Market Street Howard Infirmary, Memphis, writes us:—

"The mortality has been perfectly fearful, fully fifty per cent., and in the last two days as bad and as fatal as ever; but the mortality is in the surrounding country. About thirty physicians have died, and about 300 nurses from different parts of the United States; twenty-two out of forty-one physicians have died (and all except three have had the disease) of those who came here to assist, besides the doctors who live here. Two are now reported dying, and one Memphis physician, Dr. Otey. The disease is a typhoid type, and no treatment does much good; but I have returned to the practice given in my book, and I find it more successful than any other. I have been serving in the Market Street Infirmary since it was opened, assisted by Dr. Gelzer, of Mobile. We have lost 101 cases out of 226 up to last night. Some have come in pulseless, and many with black vomit; only very few have turned yellow, not more than one in ten; they die before they can turn yellow, by congestion of the brain or kidney, or black vomit. Some look hopeless when taken, and the question is, what can we do? We have tried almost every plan, but all fail, and this is the almost universal report. We have doctors from Mobile, Charleston, Savannah, and every part of Texas, but all make the same report. Dr. W. E. Rogers is down, but convalescent. I have not had any time to make *post-mortems*, but many have been made by Drs. T. O. Summer, Thornton and Chevis, and will be duly reported."

The Yellow Fever Commission.

A liberal and benevolent lady, Mrs. Elizabeth Thompson, of New York, came forward and offered to defray the expenses of organizing a commission, and Surgeon-General Woodworth, of the United States Marine Hospital Service, appointed Professor S. M. Bemiss, M. D, of New Orleans; Jerome Cochran, M. D., of Mobile; and Professor E. Lloyd Howard, M. D., of Baltimore, to act as such commission. Dr. Elisha Harris, President of the American Public Health Association, has consented to join the Yellow Fever Commission in the field, about the 20th of October.

Should the contributions of money be sufficient, or Congress so direct, two or three scientific experts will be attached to the commission, for the purpose of extending the line of inquiry.

The importance of the work is so obvious, that the cause will appeal to all classes, and the additional funds necessary should be raised without delay. Subscriptions are to be asked for in all the cities of the Union, and, in order to bring the subject before the benevolent of this city, a number of prominent physicians have issued the following appeal:—

To the Citizens of Philadelphia:—The undersigned physicians of this city most earnestly commend to your attention the appeal of the Surgeon-General of the Marine Hospital Service, for funds to defray the expenses of an inquiry into the conditions attending the cause and development of the present epidemic of yellow fever, and heartily recommend you to extend material aid to the project. The appeal is specially directed to the mercantile communities, in view of the great depression in trade and interruption of commerce, that necessarily attend the prevalence of epidemics. They believe that practical results may be achieved that will materially lessen the possibilities of the recurrence of such visitations, with their attendant distress and suffering, to the people of the South, and their danger to the health of Northern cities.

Mr. George W. Riggs, of Riggs & Co., bankers, Washington city, has consented to act as treasurer, to receive and disburse the funds contributed, which will be devoted exclusively to the expenses of the Commission, and publicly accounted for.

Malaria in Illinois and Iowa.

Dr. G. G. Shannon wrote us, in September, from Industry, Ill.: "We are having the most wonderful epidemic of malaria ever witnessed in central Illinois."

A letter from Dubuque, Iowa, says: "A large number of people residing on the flats in the eastern part of the town are afflicted with the ague, and half the time they are either burning or freezing. This is a bad time for poor people to have the ague, as winter is close at hand and the price of quinine is uncommonly high."

Hog Cholera.

Word comes from the West that the hog cholera is prevailing to an alarming extent in that section, and is fatal beyond precedent. Some of the farmers have lost their entire stock by this disease, while others are selling out at very low figures in order to save themselves from the risk of total loss. Although there are medicines which are claimed to be specifics for the disease, the claim has not been substantiated in practice. At one time we had charge of five military hospitals in Illinois, and to consume the slop, laid out a portion of the "Hospital Fund" in pigs, buying about forty. They were seized with the cholera, and we put those unfortunate pigs through a course of experimental therapeutics that surpassed a Parisian hospital. Not a single drug seemed to have the least effect. The mortality was exactly 100 per cent. of the cases, and the cases precisely 100 per cent. of the pigs.

Personal.

We regret to learn of the illness of Dr. E. S. Gaillard, editor of the Richmond and Louisville *Medical Journal*, and the *American Medical Biweekly*. He has been suffering severely from malarial fever. He has our best wishes for an early recovery.

—Dr. Peyton Grymes, of Orange county, Va., died at his home, August 23d, 1878, in his 88th year. He conducted for many years the largest practice of any physician in the county.

—A melancholy example of the power of the emotions is reported from Paris:—Dr. Deleau had an only daughter, aged 16, in whom all his affections were centred. This young lady died on August 29th, from pulmonary phthisis, and the father's grief was so intense that, in embracing his daughter, in taking his last adieu, he fell on her corpse and breathed no more! Both were buried in the same vault, in the midst of a large concourse of mourning friends and patients. Dr. Deleau was a rising man; he took his degree in 1863, and distinguished himself as an aurist and laryngoscopist.

QUERIES AND REPLIES.

MR. EDITOR:—I was called to Mrs. S. in her third confinement, which proved to be a shoulder presentation. Turning being the "order of the day," I at once placed her in position, and introduced my right hand and found *no feet*. On introducing my left found *no feet*. At my wits ends, but bound to "Hold the Fort," I placed my patient on her *knees and elbows* and again inserted my right hand, and without any difficulty whatever caught the feet and turned, and delivered the head with the forceps. Failing in the first two attempts, the question in this case arises, "What was the *position* of this baby's feet? L. B. B.

Penna.

MARRIAGES.

ANDERSON—BARTLETT.—On Wednesday, October 2d, 1878, by Rev. Thos. M. Penick, at the residence of the bride's parents, P. S. Anderson, M.D., of Ga., and Miss Eusebia A., daughter of Dr. J. W. Bartlett, of Kiskmansville, Ky.

JACKSON—WEIDEMEYER.—On Thursday, October 3d, at the residence of the bride's parents, Montclair, N. J., by the Rev. S. M. Jackson, George T. Jackson, M.D., of New York, and Caroline G. daughter of John W. Weidemeyer.

LANE—FULKERSON.—In Rochester, Minn., October 10th, 1878, by Judge J. W. Fulkerson, N. S. Lane, M.D., Stanton, Nebraska, and Emma V. Fulkerson, Rochester, Minn.

DEATHS.

ALLEY.—At St. Paul, Minn., September 17th, Dr. James T. Alley, formerly of New York city.

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Professor of Chemistry."

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DR. I. C. BARLOTT."

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CONTENTS:

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

TURNBULL, CHARLES S.—Filaria in the Eye... 351
PERRYMAN, J. L.—Severe Gunshot Wound..... 355

HOSPITAL REPORTS.

Jefferson Medical College—Surgical Clinic of Dr. S. W. Gross.—Hæmatoma of the Ear; Nævus Maternus of the Scalp; Lymphatic Tumor of the Parotid Region; Adenoid Fibroma of Mammary Gland; Thyro-Hyoid Hygroma; Chronic Schirrous Carcinoma of the Breast..... 356
Medical Department of the University of New York.—Clinic for Diseases of the Nervous System. By Prof. William A. Hammond. Cerebral Congestion..... 359

MEDICAL SOCIETIES.

The United States Hay Fever Association..... 360
British Medical Association.—Revaccination During an Epidemic; "False Diphtheria," or "Spreading Quinsy."..... 361

EDITORIAL DEPARTMENT.

PERISCOPE.

The Battle of the Ligatures..... 362
Epidemics of Contagious Pneumonia..... 362
Precautions in Cataract Operations..... 363
On Baby Foods..... 363
Peripheral Hysteria..... 363

REVIEWS AND BOOK NOTICES.

Notes on Current Medical Literature..... 364

BOOK NOTICES.

A Monograph on the Treatment of Diphtheria.. 364

EDITORIAL.

THE GRADUAL EXTENSION OF GENERAL PARALYSIS..... 365

NOTES AND COMMENTS

Preliminary Medical Courses..... 366
Theoretic Treatment of Fever..... 366
Copyrighted Medicines..... 367
Treating the Infant in Utero..... 367
The Function of Intelligence in Brutes..... 367
Relative Dangers of Version and Forceps..... 367
Sulphocarbolate of Quinia in Diphtheria..... 367

CORRESPONDENCE.

Brief Notes from London (Daly)..... 368
Some Notes from Practice (Hutton)..... 369
Partial Placenta Prævia (Wylie)..... 369
Fracture of the Larynx (McCollough)..... 370

NEWS AND MISCELLANY.

Report of Epidemics for Week Ended October 19th, 1878..... 370
Hot Springs and Hot Tempers..... 371
Cooking by the Sun..... 371
Castor Oil Production in Illinois..... 371
The Medical Corps of the Turkish Army..... 372
Longevity in England..... 372
Items..... 372
Personal..... 372
MARRIAGES..... 372

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REMITTANCES RECEIVED.

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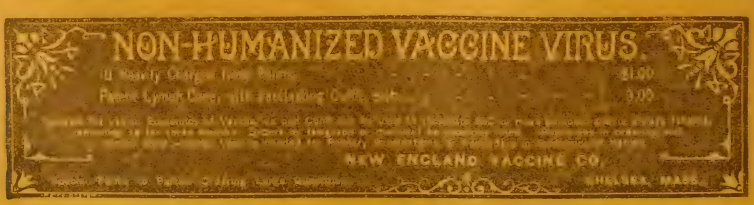

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THE

MEDICAL AND SURGICAL REPORTER.

No. 1130.] PHILADELPHIA, OCT. 26, 1878. [Vol. XXXIX.—No. 17.

Original Department.

Communications.

FILARIA IN THE EYE.

BY CHAS. S. TURNBULL, M.D., PH.D.

paper read before the Alumni Society of the Auxiliary Department of the University of Pennsylvania, at its Stated Meeting, Sept. 27th, 1878.

Filaria in the Eye of the Horse.

Hearing, through the kindness of a friend, that there was on exhibition, at a stable on Sansom street, a horse with a living worm in his eye, I at once made search for the curiosity. After finding and making a critical examination of the case, I was convinced that it was one of more than usual interest. At my desire Prof. Joseph Leidy visited the animal with me, and as he had never seen such a case before, he expressed himself emphatically concerning its novelty and interesting nature.

As all physicians are more or less interested in horses, I have described the case mentioned, as well as two others, both of which occurred in this country, have visited some of our most prominent veterinary surgeons, and consulted the best authorities on helminthology and hippophysiology, so as to be able to present a reliable and succinct account of the disease in question.

A heavily built dun horse, twelve years of age, which had been raised and worked upon a farm near Rochester, N. Y., was led out to the light, and through the partially opaque cornea of his left eye could be seen a worm, several inches in length. It was white in color, and without the aid of any artificial means could be distinctly seen floating, wriggling and twisting about in the anterior chamber. The eye seemed very much irritated, as the horse continually endeavored to rub it, and the stimulus of light caused profuse lachrymation, and, what is characteristic in such cases, *at times only*, was the cornea hazy, and the aqueous humor cloudy. The horse appeared perfectly healthy, was in excellent condition, and did not seem to be particularly annoyed by the presence of his unusual guest. The iris was of a good color, the action of the pupil perfect, lens clear, and remainder of the eye free from irritation.

The horse had been turned out early last spring (which will be remembered as an unusually wet one), and about that time the worm, which was one inch in length, was first discovered. Since then it has grown several inches, and at the time of this writing looks like a piece of cat-gut from four to five inches in length. On account of its incessant motion no details concerning the parasite's exact shape could be made out. As the present owner bought the horse for his eye, no one will be likely to have that satisfaction.

This case makes the *third*, which so far as I can ascertain, has occurred in this country. The *first* on record was exhibited in this city in the latter part of the last century, and was reported by the late Judge Francis Hopkinson, in a paper read before the Philosophical Society, September 26th 1783.* He says, "This worm was of a clear white color, in size and appearance much like a piece of white bobbin. It seemed to be from two and a half to three inches in length. The creature was in constant

* *Trans.* Am. Philos. Soc., 1st Series, Vol. ii.

lively vermicular motion, sometimes retiring so deeply into the eye as not to be seen at all. I could not distinguish its head, neither end being perfectly exhibited while I viewed it; and, indeed, its motion was so brisk and constant as not to admit of so nice an examination. The horse's eye was exceedingly inflamed, swollen and running, so that it was with difficulty the eye could be kept open for more than a few seconds at a time, and I was obliged to watch favorable moments for a distinct view of the tormentor. I believe (the Judge goes on to say) the horse was quite blind in that eye, for it appeared as if all the humors were confounded together, and that the worm had the whole orb to range in."

This worm, I think, must also have been in the anterior chamber, for if the eye had been in the disorganized condition represented by the Judge, the parasite could not have been seen at all.

The *second* case, which was never reported, occurred in the practice of Dr. Th. N. Corbyn, PH. D., V. S., of this city, who kindly gave me the following interesting account of it. "I have had but one case in an experience extending over fifty years, and this occurred in the year 1833. The horse, the property of a physician in Alleghany City, Pa., had periodic attacks of ophthalmia. After the inflammation had subsided, I discovered the parasite floating in the aqueous humor. It was about two inches long. The case created quite a sensation at the time. I operated by penetrating the cornea, making the opening above; the humor spurted out, and with it came the worm, which looked like a fine piece of catgut. I prescribed low diet, with aperient medicine, and kept the eye covered, so as to exclude light. In fifteen days the eye recovered entirely."

In searching the literature of this subject, the accompanying cuts, taken from Müller's Zoologica Danica, vol. 3, p. 49, t. 109, f. 12, were chosen as best exhibiting the characteristics of the parasite under consideration.*

Fig. 1 represents the *Filaria papillosa Rudolphi*, natural size.

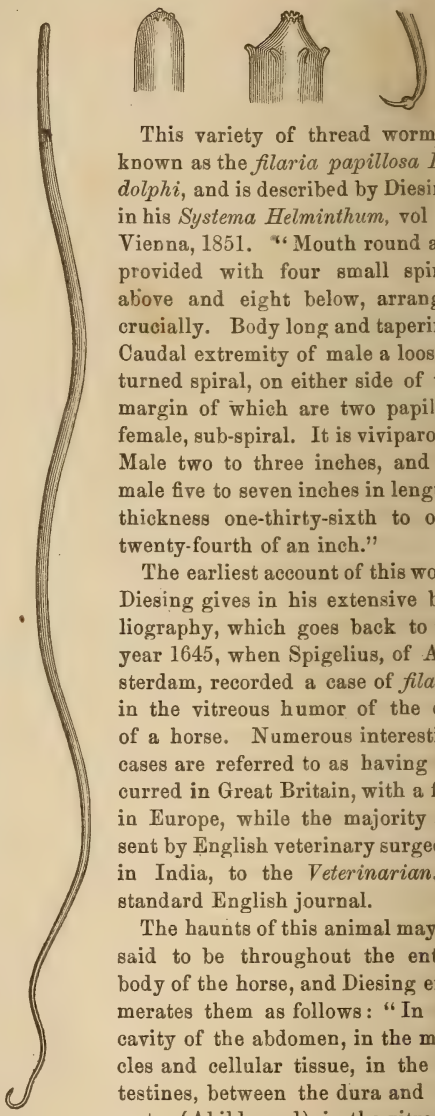
Fig. 2, the head, magnified.

Fig. 3 again shows the magnified head with the papilla squeezed out.

* For those who are anxious to look up the minute anatomy of this worm, I would recommend "Gurlt's Pathological Anatomy of the Horse," and Leuckart's "Menschlichen Parasiten."

Fig. 4. Magnified caudal extremity, supposed to be of a male.

FIG. 1. FIG. 2. FIG. 3. FIG. 4.



This variety of thread worm is known as the *filaria papillosa Rudolphi*, and is described by Diesing, in his *Systema Helminthum*, vol II., Vienna, 1851. "Mouth round and provided with four small spines above and eight below, arranged crucially. Body long and tapering. Caudal extremity of male a loosely turned spiral, on either side of the margin of which are two papilla; female, sub-spiral. It is viviparous. Male two to three inches, and female five to seven inches in length; thickness one-thirty-sixth to one-twenty-fourth of an inch."

The earliest account of this worm Diesing gives in his extensive bibliography, which goes back to the year 1645, when Spigelius, of Amsterdam, recorded a case of *filaria* in the vitreous humor of the eye of a horse. Numerous interesting cases are referred to as having occurred in Great Britain, with a few in Europe, while the majority are sent by English veterinary surgeons in India, to the *Veterinarian*, a standard English journal.

The haunts of this animal may be said to be throughout the entire body of the horse, and Diesing enumerates them as follows: "In the cavity of the abdomen, in the muscles and cellular tissue, in the intestines, between the dura and pia mater (Abildgaard), in the vitreous body (Spigelius), in the anterior chamber (Hopkinson, Morgan, Greve and many others), and still more rarely between the coats of the eye. In the ass and mule, in the abdomen and thorax (Gurlt). In the domestic cattle, in the abdomen, rarely in the anterior chamber (Chaignault and Gurlt)."

Diesing says that he saw such a filaria, and for hours observed it, in the anterior chamber of

the eye of a horse. It was several inches long and very white, and in continual lively movement like a serpent.—Veterinary School in Vienna.

Mr. Twining, a resident at Poonah, in India, for sixteen years averaged twenty cases annually, more than fell to the lot of any other individual in Hindostan. The worm or worms, for there are sometimes two or three floating in the aqueous humor at the same time, by their presence, cause symptoms of ophthalmia, with great intolerance of light. The worm, he says, is a species of filaria or thread worm, called *filaria equi.*

Sir Everard Home informs us that (filaria equi) are found in the circulating blood of the horse, and it is supposed to be transmitted through that medium. Worms have been found in the cœliac artery of the ass, but of greater magnitude. Naturalists have discovered numerous genera and several species—the ascaris, tænia, filaria, strongula, ligula, etc.—as inhabitants of the body of the horse, sheep, ox, hog, deer, etc.

The most succinct account of this phenomenon is by Sir Chas. Percivall, v.s., in 1825, and published in the London *Veterinarian*, for 1828. He says, "in low, humid situations in India, where frogs are prevalent, or where there is stagnant water, especially after an unusually wet season, worm in the eye is a very common occurrence. It is also seen in other parts during the cold months, from the beginning of October to the latter part of February, and especially during the continuance of an east wind. The symptoms are those of a conjunctivitis; the cornea is obscured by a 'nebulous effusion,' the eyelids are closed, and there is intolerance of light.

"On close inspection a small, white worm can be discerned floating in the aqueous humor, at one time rising to the superior, at another sinking to the inferior portion of the anterior chamber.

"The method of treatment is by puncturing the cornea at its upper and inner margin, and allowing the parasite to escape with the aqueous humor. This spot is selected for the operation because the cornea is here least dense, and because the aqueous humor, which gradually re-forms, will be least likely again to escape while the wound is healing.

"These worms find their way into the animal's body along with the water he drinks, either as fully developed parasites, or as ova. Both the parasites and eggs are found in the stagnant waters of India."

The *Veterinarian* for 1864, p. 218, contains the account of a case where this species of worm was removed by the operation just described, one from either eye. Beer's cataract knife was used to make the incision. The Edinburgh *Veterinary Review*, vol. 6, for 1864, also contains a very interesting and humorous account of a similar case.

A fact of intense satisfaction to the lovers of horseflesh is, that in no case of operation for the removal of filaria has the function of the eye been more than temporarily disturbed.

Since commencing this paper I have learned, through a friend, that Dr. Chas. J. Kipp, of Newark, N. J., exhibited, at a recent meeting of the New York Ophthalmological Society, a fine specimen of filaria which he had removed from the anterior chamber of the eye of a horse. The Doctor will doubtless publish a detailed account of the case.

Filaria in the Eye of Man.

Although it seems a shocking thing to contemplate, it is, nevertheless, true, that filaria, and living ones, too, have been found in the human eye.

Dr. Nordmann,* of Odessa, describes the circumstances which led him to discover the existence of entozoa in the eyes of several vertebrates; and he gives a minute account of them, illustrated by beautiful figures, representing their form and internal structure. His researches, during the years 1830 and 1831, embraced numerous eyes of horned cattle, sheep, pigs, frogs, lizards and fishes, with some from the human subject, and birds. He found entozoa of the genus *filaria* in the human eye, in that of the haddock (gadus aeglefinus), of the genus *ascaris* in the frog, of the genus *oxyuris* in the perch, of the genus *cysticercus* in the pig, and *trematoda* in great abundance in fishes generally. In fishes he first found entozoa in the vitreous humor, but he subsequently met with them in the crystalline lens and the capsule, between the laminæ of the cornea, in the iris and retina and in the aqueous humor (*Lib. cit.* pp. 1–6). In the crystalline lens of some fishes they are so numerous as to render it more or less opaque, and thus to impair or injure sight. (*Lib. cit.* pp. 19, 20.)

* Nordmann, "Mikrographische Beiträge zur Naturgeschichte der Wirbellosen Thiere, Erstes Heft," pp. 11-13.

A species of filaria (*filaria medinensis?*) has been seen under the conjunctiva oculi, in the West Indies. Schön has quoted some facts of this kind. A case was related to him by Dr. Gaertner, who resided in the West Indies, and considered it to be the guinea worm.*

Dr. Thos. G. Morton, of this city, has given an interesting account of a filaria ("*Dracunculus*, or *Filaria loa*) removed by a native woman from beneath the conjunctiva of the eyeball of a negress at Gaboon, West Africa, with a brief history of the parasite, and Professor Leidy's description of the specimen."†

Cobbold says, "these worms are identical with those described by Guyot as dwelling beneath the conjunctiva of negroes at Congo, and the Gaboon region generally."‡ Davaine has reported several similar cases, and refers to them as *La filairie de l'orbite* ?

The *filaria lentis* (Cobbold), and what is identical, the *filaria oculi humani* (Nordmann), was discovered by the last named investigator, in the year 1831.‖ Dr. Nordmann examined two lenticular cataracts taken from an elderly man, half an hour after they had been extracted by Prof. von Graefe. In one of these, which was partially surrounded by the capsule, he observed in the Morgagnian fluid two very small and delicate rings, which he clearly recognized under the microscope as convoluted filariæ. One of the two had been injured in the middle, so that the intestines had come out of the body, and were visible as slender threads. The other was uninjured, of uniform thickness, three-quarters of a line long, and extremely narrow. It was spirally convoluted and dead. A simple intestinal canal, a mouth with visible papillæ, a uterus, and a prominent anal aperture could be distinguished (*Lib. Cit.*, pp. 7, 8).

In 1832 he was present at two operations of extraction, performed on old women, by Prof. Jüngken, and found a living filaria, five lines and a half long, in the act of casting its skin (in der haütung begriffene), in the lens of the first patient (a case of green, lenticular cataract); no living extraneous body was found in the other lens. The second case was more interesting, as it presented the first example of microscopical entozoa, possessing suckers (*Trematoda Rudolphi*), being found in the human eye; eight individuals of the genus *monostroma* were found in the substance of the lens. These minute beings were situated in the upper strata of the crystalline; they were one-tenth of a line long, and moved sluggishly when placed in warm water. The examination took place immediately after the operation. In neither case was the opacity complete, and the lenticular substance was soft. (Lib. cit. Zweites Heft. Vorwert, p. 9.)

M. Davaine also mentions a comparatively recent case of filaria in the anterior chamber of the eye, but full particulars do not appear to be published. The case previously cited is by Sichel,* from whom we gather that the specimen was brought forward by Quadri, of Naples. The living worm was in the vitreous humor of a woman, thirty years of age. The function of the eye was perfectly normal. The latter authority exhibited the parasite *in situ* at a meeting of the Ophthalmological Congress held at Brussels.

Von Ammon found a filaria in a lenticular cataract, of which the nucleus was firm and the exterior pulpy. The cataract was extracted. He has figured the animal, of its natural size and magnified.†

Then, again, there is the case observed by Gescheidt,‡ in which Von Ammon operated for congenital cataract. In this case there were four filariæ, of the genus *distoma*. The largest measured one-sixth, the smallest one-fifteenth, of an inch.?

Cobbold considers them embryonic *nematodes*, which have accidentally or otherwise selected the human body as their intermediary host.

Mauthner‖ says he saw what he supposed to be a dead filaria floating about in the perfectly clear vitreous humor of a man forty years of age.

Von Wecker, the author of the second half of the fourth volume of "Graefe and Saemisch's

* Handbuch der Pathologischen Anatomie des Menschlichen Auges, pp. 226, 227.

† *American Journal of the Medical Sciences*, Phila., July, 1877.

‡ Entozoa, London, 1864, p. 388.

? Davaine, Traité des Entozoaires, Paris, 1860, p. 750.

‖ Nordmann, Mic. Beiträge z. Nat. d. Wirb. Thiere.

* Iconographie Ophthalmologique. p. 707; also Zander, Der Augenspiegel, 2 Auflage, p. 190.

† Klinische Darstellung, Pt 1, vol. XII, Fig. 22 and 23.

‡ Zeitschrift für die Ophthalmologie, "III Bandes, IV Heft., p. 405; Die Entozoa des Auges, U.S.W.

? Zeitschrift für die Ophthalmologie, vol III pp. 75, 76.

‖ M. Optischen Fehler des Auges, 1872.

Augenheilkunde," gives no new cases, but mentions a case of supposed filaria spiralis (?) which he considered a rudimentary persistent hyaloid artery.

The presence of filaria within the human eye is, beyond a doubt, of rare occurrence, no instances on record are of recent date, and our more modern text books and works on ophthalmology either omit them altogether or else refer but briefly to the few cases herein mentioned.

Having occurred once, filaria will doubtless be found again, and if there exists a "*filaria sanguinis hominis*," as Drs. T. R. Lewis, of India, Bancroft, of Australia, and especially Dr. Manson,* of China, have pointed out, we must look for it wherever the blood circulates.

Seldom is it that the oculist in his busy round stops to scrutinize the cataractous lens he so dexterously extracts, or to examine in minute detail every floating opacity in the vitreous body, and I must confess I am of the opinion that it behooves us to be more on the lookout for the phenomena in question.

(The writer of this paper will be exceedingly in debted for any reliable account of a worm or worms in the human eye.)

SEVERE GUNSHOT WOUND.

BY J. L. PERRYMAN, A.M., M.D.
Of Illinois.

About a year ago I was called to see a little boy, aged eight or nine years, for a gunshot wound of the inferior maxillary bone. The piece was discharged only a few feet from the patient. The breach in the soft parts and point of fracture commenced about an inch and a half to the right side of the median line of the chin, or the symphysis, extending fully an inch and three quarters upon the opposite side of the bone. The hemorrhage was considerable, from the facial artery, which had to be ligated. The wound in the soft parts extended to within an inch and a quarter of the left ear. One shot entered the face just below the right eye; two, striking the head above the right eye, deflected and were cut out over the occipital bone.

Dr. L. P. Stookey, who assisted me, put the patient under the influence of chloroform. I removed the teeth that were loose, and the fragments of bone, with the exception of two large pieces of the chin, that I did not think prudent, owing to the anatomical connections, to remove. I then brought the wound in the soft parts together, as far as practicable, with silver wire sutures. Made cold applications of carbolized water. Dismissed the patient for the night with a hypodermic injection of morphia and atropine. He slept quietly until next morning.

Second day. Saw the patient; pulse full, reaction having been fully established; ordered the cold applications continued; prescribed two grains of quinine every four hours; ordered beef tea and milk as nourishment.

Third day. Wound looking well; no hemorrhage; continued the treatment.

Fourth day. The patient exhibited no untoward symptoms, suppuration having been fully established.

The patient progressed favorably, with no signs of tetanus or erysipelatous inflammation. On the fifteenth day suppuration had so far loosened the two fragments of the chin that they were removed without difficulty with a pair of forceps. On the twentieth day the wound had so far healed that I deemed it advisable to devise some means by which to fix and steady the two portions of the maxillary bone.

Drs. Moore, Stookey, Patrick and Burns assisting, we again put the patient under the influence of chloroform, and I drilled a small opening through each portion of the fractured bone, about half an inch from the point of fracture. I had two silver pins made and put in each of the openings, tied a piece of tape in the eye of each, and then tied them in the centre, over the part where the symphysis of the chin should be. By this simple procedure the fractured bone was held in place. The wound was carefully cleansed ever day, carbolized water being used in the meantime as a

* In a paper entitled "Report of Hæmatozoa," Patk. Manson, M.D., of Amoy, China, says—"1. That a large ratio of the population of this province, and probably of other parts of China, is infested with the *filaria sanguinis hominis*. The exact ratio cannot yet be stated, but if my observations are a fair guide, one in thirteen is near it. 2. That the filaria sanguinis hominis may be present in the blood, and yet the hosts be in good health and exhibit no morbid phenomena. 3. That in the same persons it may be present at one time and absent at another. 4. That at one time or another it is generally associated with *elephantoid disease*, and is almost certainly connected with the causes of such affections. 5. That it is sometimes associated with a diseased condition characterized by frequently recurring attacks of fever, accompanied by general anasarca, unconnected with heart or kidney disease.

dressing. What was interesting to observe in the progress of the case was, that notwithstanding the great extent of the wound, and the excessive suppuration, there was developed a complete and perfect chin. In this newly developed bone there has appeared two teeth. However, second dentition may not have been completed.

The case progressed well, and healed in three months, leaving a cleft in the left side of the lower lip, from which the saliva was constantly trickling, to the great annoyance of the patient and his friends. We again put the patient under the influence of chloroform. There were several extensive adhesions found, which it was necessary to dissect up in order to relieve the lip and mouth. I then pared the edges of that portion of the mouth that had healed fistulous, and brought the wound together with silver pins, and had the satisfaction of seeing them heal kindly by the first intention, and the function of the inferior maxillary and mouth restored.

Hospital Reports.

JEFFERSON MEDICAL COLLEGE HOSPITAL.

SURGICAL CLINIC OF S. W. GROSS, M.D.,
SEPT. 18th, 1878.

Gentlemen:—By an opportunity offered me through the abundance of interesting material presenting itself at this clinic, I am enabled this morning to bring before you, for operation, a series of cases, each one of which illustrates a different variety of tumor, ranging from the simplest form of benign growth to the case of carcinomatous disease with glandular involvement. The subject of the pathology of these tumors will be reserved for discussion in a more exhaustive manner at a future meeting; at the present time I will only indicate very briefly the salient characteristics of each form of pseudoplasm, or neoplasm, that appears before you, and will devote the hour and a half allotted to me to illustrating the proper methods of operation, and indicating the prognosis and after treatment. The first case is one of

Hæmatoma of the Ear.

George C., aged 37, a saw filer, has, as you will notice, a prominent, soft, fluctuating swelling on the upper portion of the pinna of the right ear. It includes part of the helix and the fossa of the helix, and fills entirely the fossa of the antihelix. It is about half an inch in thickness, and about one inch and a quarter in diameter. The surface is smooth, and the skin is normal. In regard to the history, the patient informs us that he first noticed it five weeks ago, and thinks it appeared during the night, as he saw it in the morning and it was not there when he went to bed. It is not painful, and he had not received any injury; he had slept on a soft pillow.

There is a tumor of the pinna of the ear, which is most common in male insane patients, and which I have never seen in any other class of subjects, that is termed hæmatoma auris, or bloody tumor of the ear, generally caused by lying persistently upon one side of the head. Such tumors are generally dark-colored, and when opened, some trace of their original character will always be found, either in the contained blood clots, or an examination of the fluid under the microscope, will reveal the presence of blood corpuscles, or of crystallized hæmatin.

The tumor before us is soft, and might be an abscess, but appears to be really cystic in character. This point may be cleared up by the use of an exploring needle. This is followed by the escape of a clear, serous, orange-colored fluid, which I catch in my hand, which clears up the diagnosis. The tumor is cystic, and I am led, from the history, to consider it a hæmatoma similar to that occurring in the insane, and to believe that this fluid is blood which has undergone degenerative changes from breaking down of the corpuscles, and hence contains abundant crystals of hæmatin.

I have never seen a case exactly like this before. I will lay the cyst open, and pack its cavity with absorbent cotton, saturated with tincture of iodine, having first plugged the meatus, to prevent the iodine from accidentally entering the auditory canal. The cyst wall is smooth on its inner surface; but the irritation set up by this tent will excite the granulating process, as a result of which the cavity will be obliterated. The iodine tent will be removed to-morrow morning.

Nævus Maternus of the Scalp.

Harry C., three years of age, shows over his left ear a bluish vascular tumor of the scalp. It is irregular in shape, not much elevated above the skin; it is yielding upon pressure, and swells up when he cries. It occupies a space that is equal to a circle about an inch in diameter. It is evidently made up of dilated capillary vessels, and is similar to several cases you have recently seen, and the characters of which have been explained to you. One, you will remember, occupied the forehead; a second the top of the nose; and the third the entire lower lip; all were congenital.

From the appearance of the child, its poor development, imperfect and carious teeth, and the depressed state of the bridge of its nose, it will be perceived that it is suffering from the syphilitic cachexia. In such cases, the nose is flattened, because infants laboring under inherited or congenital syphilis are subject to

chronic catarrh of the Schneiderian membrane; the inflammation ultimately leading to ulceration and destruction of the nasal bones. The difficulty in breathing accompanying this condition is termed, very expressively, "the snuffles," the nostrils being stopped up; the nutrition of the infant is often impaired, on account of the trouble this occasions in nursing.

I find, upon inquiring of the mother, that my impression, drawn from its appearance, is confirmed by the fact that it has been under treatment for mucous patches about the mouth and anus, and other manifestations of inherited syphilis.

After giving the child a few whiffs of chloroform, I will transfix the base of the growth with several pins, and strangulate it with a tight ligature passed under them. Chloroform is used very much in this clinic for children, in whom it is not a dangerous remedy in experienced hands; when improperly administered it has proved fatal in adults, although not in my experience.

After leaving the room the child may have a few drops of laudanum to relieve its pain and keep it quiet. The mass will drop off in four or five days, and the resulting ulcer will heal under simple treatment. This is probably the most effectual manner of dealing with the ordinary forms of vascular tumors.

Lymphatic Tumor of the Parotid Region.

This young lady, aged nineteen years, discovered, three years ago, a movable lump, of the size of a pea, in front of and under the lobule of the right ear, which is now apparently as large as a medium-sized hickory nut. It is neither painful nor tender to the touch; rolls under the skin; is lobulated, dense, and firm; and is distinctly circumscribed. The overlying integument is normal.

It is extremely difficult to pronounce positively upon the true nature of neoplasms of the parotid region before their removal. Whether they originate in the gland itself, or in the connective tissue, or the lymphatic glands on and around the parotid, they are essentially of the same structure, the most common being enchondroma, either pure or variously combined with other tissues, carcinoma, fibroma, cystoma, sarcoma, myxoma, and adenoma, or parotid glandular tumor. The mobility, density, and lobulation of the present growth, its slow progress, and its occurrence at an early age, point to its being a cartilaginous tumor; but these signs may also indicate a fibroma, an adenoma, or merely a lymphoma in the form of an enlarged lymphatic gland. The symptoms of malignant disease are entirely wanting; and from the frequency with which I have met with enlarged lymphatic glands in this region, particularly in young subjects, I am disposed to regard the case as being of this nature.

The patient having been anæsthetized, a semicircular incision, with its convexity downward, to admit of free drainage in the event of failure of primary union, was made, and the mass dug out of its investing capsule. It was found to be an enlarged gland, which lay beneath the dense parotid fascia. After oozing had ceased, the wound was approximated by the hare-lip suture, and dressed with oiled lint confined by narrow adhesive strips.

Adenoid Fibroma of Mammary Gland.

Emma H., 24 years of age, comes to us with a swelling in her right breast. She is married, menstruates regularly, and has no children, but six months ago had a miscarriage, and soon afterward accidentally noticed a lump in the upper and inner part of the right breast. It was quite small, and was not the seat of pain. It has now attained the size of an almond, is of a firm, elastic consistence, ovoid in shape, and rolls under the skin. This little growth is a source of annoyance and anxiety, not so much for what it is as for what it may become. As it seriously affects her comfort, and may develop into a larger growth, I will extirpate it, which may be done without much difficulty, as it lies at the circumference of the mammary gland.

This is ordinarily known as a glandular tumor, or adenoma, since it contains the proper structure of the breast, or gland tissue. In my experience these growths are either fibrous or sarcomatous, and include some of the secreting, or proper glandular structure. If it were a sarcoma it would by this time have attained a much larger volume; hence I conclude that this is an adenoid fibroma, which in itself is a benign growth, but may become cystic, or it may eventually, by taking on sarcomatous action, form a cystic sarcoma. It is better, on this account, to remove it while small.

After anæsthetizing the patient, I make my incision over the growth, in the direction of the lobules radiating from the nipple, and not across the milk tubes. The tumor projects through the incision, but is firmly attached to the gland tissue, from which I dissect it, with curved scissors. This tumor was movable in the mammary gland, although it was attached to it, a sign which is of great importance in the distinction between fibroma and sarcoma, in their early stages, and carcinoma, since scirrhous growths are inseparably incorporated with and move with the breast. Adenoid fibroma is most common in unmarried or barren females, and is generally met with between the age of puberty and the thirty-fifth year.

Thyro-Hyoid Hygroma.

A laborer, forty-six years of age, first observed, about six months ago, a swelling in the middle and upper portion of his neck, which gradually increased in size until it is now of the volume and shape of a large hen's egg, and extends from the hyoid bone to the level of the cricoid cartilage, above which it is somewhat constricted, and the tapering smaller end deviates from the middle line to the right side. It distinctly fluctuates; moves with the larynx on deglutition; the skin is natural and unadherent,

and the exploring needle gives vent to bloody, grumous fluid.

Cystic tumors in the middle region of the neck are not very infrequent, and may originate in various ways. Thus, commencing from below, we meet with cystic degeneration of the follicles of the isthmus of the thyroid gland, thereby constituting the affection known as cystic goitre, or, as it is termed by the German pathologists, cystic struma. In addition to the sebaceous tumor, which I have once met with in the thyro-hyoid region, there are other encysted growths developed in the middle line, which are due to enlargement of certain synovial bursæ. One, situated between the skin and the pomum adami, gives rise to the affection known as antethyroid bursal tumor, or hygroma. The second lies between the thyro-hyoid membrane and the posterior surface of the hyoid bone, and is sometimes double; through its enlargement arises the affection variously termed subhyoid, or thyro hyoid hygroma, or sub-hyoidean ranula. Of these two forms of disease, the latter is the more common, as the bursa itself is almost constantly present, whereas the antethyroid bursa, according to the investigations of Verneuil, is absent in about two-thirds of all persons. A third bursa, named after Fleischmann, of Erlangen, who first accurately described it, is seated above the hyoid bone, between the genio-glossi muscles; but its presence is to be regarded as accidental rather than normal.

Any of these bursæ may be the seat of enlargement, and accumulation of their contents, which may be clear and viscid, or sanguineous and grumous, as in the case before us. The situation of the tumor being accurately determined, there need be no difficulty in determining its origin. When the bursa of Fleischmann is involved, in addition to a fluctuating swelling, which is liable to be found to one side of the middle line of the upper portion of the neck, another swelling will be very apparent on the floor of the mouth, which, it need scarcely be said, is not present in the other forms of bursal tumors. Careful examination shows that our patient is affected with enlargement of the thyro-hyoid synovial bursa.

In the treatment of this affection, the object being to set up adhesive inflammation of the sac, various remedies may be used. Obliteration may be effected by evacuation of its contents, and the injection of tincture of iodine or carbolic acid; or the sac may be opened and a portion of it be snipped off; or it may be traversed by a few threads of silk. In this case I will lay the cyst open and insert a tent wrung out of tincture of iodine. This will be removed in twenty-four hours, and the granulating process be afterward favored by the slippery-elm poultice.

Chronic Scirrhous Carcinoma of the Breast.

At our last meeting you will remember that I removed the left mamma of a spinster, fifty years of age, on account of an acute hard cancer of that organ, along with some enlarged lymphatic glands of the axilla. The case before you is, so far as the extent of the disease is concerned, very similar to the previous one, the main points of difference being that this subject is comparatively young, and that the affection has pursued a chronic course.

Mrs. H., aged forty years, of good general health, is the mother of six children, of which she nursed the youngest, now twenty one months old, up to five months ago, when the secretion of milk gradually ceased, but in the affected breast sooner than in the sound one. She first noticed a small nodule in the right mamma four years ago, which has gradually and progressively increased in size until it has attained a diameter of somewhat more than two inches, and is discoid in shape. It is densely hard, slightly bosselated, adherent, to a limited extent, to the subjacent pectoral muscle, and slightly tender on manipulation. The nipple is unchanged and prominent; the skin is discolored, adherent, and thrown into radiating, brawny lines, and the seat of an eczematous eruption; and the several secondarily enlarged lymphatic glands can be detected in the corresponding axilla, where the patient first discovered them about a year ago. There is no family history of cancer. Both breasts are atrophied and flabby, and I have no doubt that the withering process, similar to that which takes place during the involution of the mammary glands, has predisposed these organs to the atypical growth of epithelium which gives rise to carcinoma.

This case is a peculiar one. In a woman of this age, scirrhus should pursue a rapid course, the more especially if the breasts have been functionally active, as is here witnessed. Instead of this, however, the disease is chronic, and represents the atrophic form of carcinoma, which is usually met with much later in life.

In removing the diseased structures, as I now do by the ordinary elliptical incision extended into the axilla, to give me free access to the implicated glands, I am going as far as I can beyond the apparent limits of the disease, and cut away the involved portion of the pectoral muscle. As I remarked the other day, I do not anticipate a permanent cure; but I hope to delay the progress of the disease, and relieve the patient of mental suffering, and prolong her life. If a cure is ever effected, I have never been so fortunate as to meet with an example.

The breast having been extirpated, and the enlarged glands removed with the finger, the flaps were dissected off the pectoral muscle, to favor approximation of their edges. Seven vessels were ligated, and after the oozing of blood had ceased, the wound was closed by five points of the interrupted suture and narrow adhesive strips, a tent having been inserted in the axillary end of the incision, to favor subsequent drainage. An oiled compress was then confined over the wound by a roller, and the arm was secured to the side of the chest.

MEDICAL DEPARTMENT OF THE UNIVERSITY OF NEW YORK.

CLINIC FOR DISEASES OF THE NERVOUS SYSTEM.

BY PROFESSOR WILLIAM A. HAMMOND.

Reported Expressly for the MEDICAL AND SURGICAL REPORTER, by WASHINGTON MYERS, A.M. M.D.

Cerebral Congestion.

GENTLEMEN:—It being impossible to give you more than a superficial idea of the brain and its connection with the spinal cord, I now commence with cerebral congestion, which may be active or passive, arterial or venous. These are divided into two parts, which may make their appearance in one of six different ways, viz: Apoplectic, convulsive, paralytic, soporific, maniacal and aphasia. Each of these varieties is preceded by its premonitory symptoms, but you cannot tell always, from these symptoms, how the case is to terminate. They are common to all the forms, and not difficult to manage. Ninety-five out of one hundred recover.

One of the first stages of congestion is a proneness to feel tired, with inability to sleep; the moment the head touches the pillow the thoughts are occupied with the affairs of the day. The dreams of such patients are terrible, with incoherent talking in sleep when the affection is highly developed. Headache is present, ideas confused, tendency to vertigo, a feeling of tightness about the head, a feeling of weight, a cold or hot sensation, tearing of the scalp. These feelings and sensations do not exist in a state of health, and are indicative of disease. There is also more or less mental disturbance. Patients thus affected are inexpert in adding columns of figures. Bank clerks are peculiarly affected. Any concentration of mind produces all these troubles. Then, occasionally, we have hallucinations of some kind. Patients do not interpret things as they should; a false sensorial impression, a delusion; all are not subject to these sensations or aberrations. Then, frequently, a change occurs in disposition and character; patient quarrels upon slight pretext; considerable irritability present.

In unison with the cerebral symptoms, physical ones are also present, viz: Numbness of one or both sides; motorial functions affected; twitching of mouth or limbs—sometimes produced by the use of tobacco; the urine scanty and high colored, with irritability of the neck of the bladder. Constipation is also present. Patients require strong purgatives or enemata. This hyperæmic stage may remain for months or years, and if the patient is careful he may remain in semi-health for years, and be tolerably comfortable. These premonitory symptoms are present in nearly all cases, although they may be dormant. I have seen them developed very suddenly, under great emotion.

The Apoplectic Form.—The patient may be quietly walking in the street, something occurs to attract his attention, his face flushes and he falls to the ground. He gradually drops. Not as in an epileptic convulsion, where the patient drops suddenly. Now, if you see the patient, his limbs are in a state of resolution. No paralysis present, but located on one side or other there is loss of motion, in one arm or hand, or in a single group of muscles. If you speak in a loud tone he will answer, and only when so spoken to, and will not originate any conversation. Pupils at first dilated, afterward they may alternate with dilatation and contraction. If there is congestion at the base of the brain the pupils are contracted. Pinch the foot or arm and he draws it away. Speak in a low tone and he pays no attention; in a loud tone and he answers incoherently. Does not carry on any course of conversation. Pulse slow and hard, 60 to 80. Respiration slow and hurried; rarely stertorous, except when he first falls, but breathes heavy and full; breathes more with the diaphragm. This condition may last a few moments, or a day or two, or he may not recover at all. Time gives no diagnosis as to recovery. If it is favorable the patient gradually recovers, but feels weaker on one side than on the other. One attack predisposes to another. I have had several under my charge who have had two or three attacks.

The Paralytic Form.—Here there is no loss of consciousness. He loses power in some of the muscles. It may be the tongue or one side of the face. It may exist on one side of the body or on both. This form is distinguishable from the other in there being no loss of consciousness which may be due to hemorrhage or congestion.

The Convulsive Form.—This resembles a true epileptic convulsion. He falls suddenly, on his face; rarely utters a cry, which is the true form of epilepsy; at first of a tonic character; respiration impeded; circulation retarded, from pressure on jugular veins. After a few seconds there is relaxation, afterward contraction, of the muscles. During the tonic contraction he may froth at the mouth or bite the tongue; he passes, after a little, into a state of stupor, which may last from a few moments to several hours. He may have another attack within a week, but not often—the characteristic difference between epileptic cerebral congestion and true epilepsy.

The Soporific Form is, probably, the most dangerous. Patient passes into a state of stupor from the onset. No paralysis; no shock; no apoplectic seizure; stupor not preceded by any sudden shock. Brain torpid, and requires the excitation of another mind to bring it into action. A great many cases terminate badly, whatever plan of treatment you adopt, followed by secondary phenomena—cerebral softening or hemorrhage.

The Maniacal Form.—Epilepsy sometimes assumes a maniacal form. A man may have epilepsy, and then develop into this form. There is no systematization of the mind; he will talk in an incoherent manner; a constant panorama of hallucinations and delusions

occupying his mind, and, in consequence, he acts in obedience to his peculiar ideas. In true cerebral congestion patients only have one attack, and that ends it.

The Aphasia Form.—In which the patient is affected with loss of speech. No paralysis of tongue or vocal organs present; he loses all idea of sound or manner of forming; no paralysis of any kind; attack comes on suddenly. He is not aware of it until he attempts to talk; and is characterized by inability to articulate words.

Case.—Pain in head; sleeplessness; dizziness; noises in ears; numbness in both hands; age thirty-three. Patient says she has had intermittent fever, for which she took considerable quinia. She suffered none of these symptoms before taking the drug. Now, quinia possesses the property of producing cerebral congestion, or symptoms analogous to it, if used for any time. If it is administered in hydrobromic acid it will not cause cerebral congestion, as that possesses the property of obviating all its unpleasant symptoms. With its use there is no throbbing of the carotids; no noises in ears, or fullness in the head.

In the present case, we will order ℥j of the bromide of potass., ℥ss of the iodide of potass., to f.℥iv of water, of which a teaspoonful is to be taken four times daily, and ask the patient to return in one week, when we will look more fully into her condition.

Medical Societies.

THE U. S. HAY FEVER ASSOCIATION.

[The following extract from the proceedings of the adjourned meeting of this Association, last month, will be found of general interest to students of the disease.]

The adjourned meeting of the United States Hay Fever Association was held in the parlor of the Sinclair House, Bethlehem, N. H.

The meeting was called to order by the newly elected Secretary of the Association, Mr. Edmund S. Hoyt, and in the absence of the President, Mr. F. B. Fay was elected temporary chairman.

The Chairman stated that a letter from Dr. Woodward, of Worcester, Mass., had been received. This gentleman took positive ground against the pollen theory of Dr. Marsh, of New Jersey, and others, and has made very elaborate microscopic investigations as to the effect of pollen upon hay fever patients, particularly as applied to his own case, which is a pronounced one. The letter is as follows:—

Worcester, Aug. 25th, 1878.

To Mr. Frank B. Fay:

Dear Sir.—Your letter, enclosing one from Dr. Marsh, came to hand. I could not answer it at that time, because, the common plants not being in bloom, I could not make the observations upon pollen that I desired to do before I communicated with you. Since the season of flowering commenced I have carefully observed, under the microscope, the pollen of a large number of the common weeds and flowering plants of the garden and field. I find that pollen grains have but two or three definite shapes or forms, especially those of the weeds and common vegetables. These are, oval with pointed ends, musk melon shaped, as I shall call it; oval with rounded ends, or water-melon shaped; globular with smooth surface; globular with surface ridged into facets, and globular covered with hairs or spires, like the envelope of a horse-chestnut burr. It must be remembered that all pollen grains are so minute that they must be magnified from one to two hundred diameters before they can be studied at all. I have subjected all I have experimented upon to a constant power of one hundred and fifty diameters. I have found no plant that, to my knowledge, has been accused of producing hay fever that has pollen of any other shape than globular. And this is the order in which the accused now stand: globular with the surface covered with little hairs or spines, rag-weed, buckwheat, may-weed, golden-rod, blue ageratum and purslane or parseley. The morning glory has pollen of this shape, but much larger than the rest. This, you will see, is a very important class. Next, globular with smooth surface, indian corn, wild amaranth, pig-weed, butter-cup, sorell, or oxalis, and plantain. Globular, with the surface ridged into facets, the phloxes, geraniums and nasturtiums. Now, these pollen grains in each of these three classes so closely resemble each other that they cannot be easily distinguished. I do not believe that from a quantity of pollen grains floating in the air, collected upon a pane of glass covered with adhesive material, it would be possible to pick out these as the pollen of rag-weed, or others of golden rod, or May weed, or Indian corn or plantain. Examined together upon the same slide it is only by the most careful observations and measurements that they can be distinguished, if they can be distinguished at all. On the eighth of August I first found the rag-weed in flower. From that time to this I have kept a bouquet of it in flower, fresh, upon my office desk. The pollen has been scattered all over my books and papers, but not a sneeze did I have until the afternoon of the 20th. I have had tassels of Indian corn and bunches of golden rod upon my table till it was all covered thick with yellow pollen, and yet I had entire freedom from the disease till that time. It must have been that they would have caused the usual symptoms if an irritant cause was contained in them. I have worked at my microscope for the last four weeks, almost every day, and have examined the pollen of nearly one hundred plants, of all classes and kinds, and yet have not had a symptom till the appointed day came.

You will remember that, last season, when I was in Bethlehem, I brought in five specimens of the rag-weed, which I found growing right

by the public path, where every one that went by might have swept it with their clothes, and yet no one had discovered it by any symptoms it had caused. I conclude, then, that the disease is in me; that no irritation will develop it till the appointed time, but that after that irritants of different kinds will excite and aggravate its symptoms. They, however, in no way can be set down as the cause. They do not operate on the 18th and 19th of August; they do on the 20th. Have they developed a new force or have I developed a new condition? Which is the most probable? Yours most truly,

R. WOODWARD, M.D.

On motion of Mr. Cory, a vote of thanks was unanimously tendered Dr. Woodward. Mr. Cory also presented the following resolution, which was heartily adopted, the mover taking occasion to make several very complimentary allusions to the gentleman referred to:—

Resolved, That a vote of thanks be and is hereby tendered to the Hon. B. F. Fay, for the faithful services which he has rendered this Association, as Secretary, since its formation.

Mr. Fay, in reply, thanked the members for the honor they had conferred upon him.

BRITISH MEDICAL ASSOCIATION.

SECTION D—PUBLIC MEDICINE.

(*Concluded from p.* 341.)

Revaccination During an Epidemic.

Dr. P. M. Braidwood, in this paper, stated the arguments in favor of regarding revaccination as necessary and as advantageous. The principal reason for enforcing revaccination is, that the capability for receiving variolous and vaccine contagion, as also for receiving these diseases by inoculation, returns in the human subject, for the most part, at or about puberty. He next referred to the legal enactments in different European countries enforcing revaccination, and stated the results thus reached. In the Würtemberg army, from 1846 to 1856, there were 202,184 revaccinations performed, and of these 69.6 per cent. were successful, and 30.4 per cent. failed. In the Bavarian army, during 1856-60, there were 60,171 soldiers revaccinated, and among these 45 per cent. were successful, 18 per cent. showed modified results, while 37 per cent. failed. As regards the proper time for the performance of revaccination, while most medical men consider puberty to be most suitable, from physiological reasons, this opinion can be based also on the numerical results of revaccination at different ages. In the Würtemberg army the failures of revaccination among those under twenty years of age were 338.7 per 1000; among those from twenty to thirty years old were 455.2 per 1000; and among those over thirty years old were 366.2 per 1000. From puberty to thirty years of age, the receptive power in the human body for variolous and vaccine disease conveyed by contagion and by inoculation is most marked. In the table showing 616 revaccinations performed by the author in the last epidemic of small-pox in Birkenhead, during last year, there is to be observed the relative numerical proportion of the sexes, the ages of the revaccinated, the number and characters of the cicatrices from primary or infantile vaccination, and the results of revaccination. The cases are further subdivided into two groups, 262 having been private patients, and 424 having been revaccinated at the public vaccination stations. By this means, the results of revaccination in two separate classes of the community can be compared. From the large proportion of success, both among the "private cases" and among those revaccinated in the public vaccination stations, it is proved that revaccination is not only advantageous, but must be regarded as necessary for the proper and complete protection of the population against small-pox. Another point illustrated by the tabulated cases of revaccination from private practice is the imperfectness of their infantile vaccination, as evidenced by the number and character of the cicatrices. The revaccinations performed at the public vaccination stations show a closer relative proportion among the sexes; a much larger number of persons below puberty applied at and were revaccinated in the public stations; and these cases also illustrate the imperfect protection afforded by infantile vaccination, as shown by the number and character of the cicatrices.

"False Diphtheria," or "Spreading Quinsy."

The author of this paper, Dr. Cornelius B. Fox, states that for nineteen years he has had unusual opportunities for studying diphtheria, and his attention was first directed, in October, 1875, to a disease which the union medical officer termed "spreading quinsy," and which has subsequently been referred to as "cynanche pharyngea" and "false diphtheria." After reading the four principal signs that are characteristic of true diphtheria, namely, (1) the production of a tough, leathery, false membrane (διφθέρα, a prepared hide); (2) the presence of albumen in the urine; (3) a great depression of the vital powers; and (4) subsequent paralysis in a certain percentage of cases, Dr. Cornelius Fox thus summarizes the conclusions to which he has arrived respecting a complaint that has doubtless been frequently confounded with it. 1. The disease consists essentially in an inflammation of the tonsils, which extends more or less into the pharynx, and sometimes to the neighboring submaxillary and other cervical glands. 2. Although yellowish spots are sometimes seen on the tonsils, from an accumulation of mucus in the follicles of these glands, no ash-gray, tough, leathery membrane (characteristic of true diphtheria) is ever seen during the course of the disease. 3. The individuals affected present an anæmic appearance. 4. The disease is communicated from one to another, generally through the medium of schools, gleaning, etc. 5. Unlike diphtheria, it is rarely fatal, unless

those who suffer from it have been long exposed to most unwholesome conditions. 6. It is never followed by paralysis of sensation or motion, as diphtheria often is. 7. It is not accompanied by albuminuria. 8. The pulse is full, as is noticed in cases of acute quinsy; whereas in true diphtheria it is small and feeble, indicating great prostration. 9. It presents characters dissimilar from those exhibited by cases of scarlet fever without the rash, from which it does not confer an immunity. 10. It may prevail in a district where no true diphtheria is known. 11. The average duration of the disease is about ten days. 12. It is essentially a filth disease, being always associated with some organic impurity of air or organic impurity of water. Overcrowding, saturation of soil around dwellings with slop water, employment of pond water for drinking purposes, are the most common insanitary conditions found in connection with infected houses. Quinsy differs from this disease in that it is not a communicable malady, although it may affect several members of a family at the same time who have all been similarly exposed to the same influences, or who may all have a family tendency to throat complaints. In quinsy, moreover, suppuration generally takes place, and the sudden discharge of pus is accompanied by a speedy relief of all the symptoms. In false diphtheria this mode of termination does not generally occur. The reasons for thinking that this disease is not a mild form of true diphtheria or an erysipelatous affection of the throat are then given, although, if Dr. Thorne Thorne's theory as to the evolution of infective properties be adopted, the disease might possibly be regarded as originating in erysipelas.

Editorial Department

Periscope.

The Battle of the Ligatures.

Mr. C. G. Wheelhouse said, in the address in surgery, before the British Medical Association, on this subject—

During the last few years, I have been watching carefully and curiously the efforts that have been made to adapt the material of which ligatures are made, and to harmonize their necessary presence in wounds with the requirements of antiseptic surgery.

First, I have noted that various materials, elastic threads, catgut, horsehair, jute fibre, and silk of different kinds, all carbolized, of course, have, one after another, been employed. Secondly, the methods of their application have been almost as varied as the material of their structure; some surgeons have inclined simply to close the arteries without wounding their coats; and some, as of old, to cut into these. One will cut off one end only of the ligature, while another will take away both and leave the knot to be dealt with by absorption.

The conclusion at which I have arrived is that, as regards the whole subject, we are, for the moment, off the track, and are erring from true principles. I hold that the laws laid down by Jones as long ago as 1805, and afterward affirmed and substantiated by the late Mr. Hodgson, based as they were upon the safe ground of exhaustive experimental research, are as true now as they were when first promulgated, viz., that the only safe way of securing an artery is fairly to divide the inner and middle coats of the vessels, and that the only ligature to be trusted to do this efficiently is a well made firmly twisted round cord of silk; that elastic threads, after dividing the coats, if they do so at all, lose their elasticity, yield when they should hold on firmly, and thus permit the efflux of blood; that catgut softens too readily, bursts or slips, and is thus unsafe; that silk ligatures, when cut off at both ends, fail to become absorbed, and become prolific sources of after mischief; and that horsehair fails not only to be absorbed, but acts as a source of direct irritation from first to last. With both these two last, when cut short, I have seen wounds heal perfectly, and all seem well; but later on small abscesses have formed in various parts of their track, and from each of these, when they have given way, I have had to remove the unabsorbed knots and minute circlets of ligature before they have finally become firm and sound.

Epidemics of Contagious Pneumonia.

The *Lancet*, August 24th, says:—

Epidemics of pneumonia have been described from time to time, chiefly on the Continent, and an account of recent outbreaks, having almost an epidemic form, which occurred at Moringen, in Hanover, has been given by Dr. Kühn. In this place he has more than once observed pneumonia to have an epidemic character, and on one occasion it broke out in the jail, when overfilled. All other conditions being favorable—position, soil, drainage, ventilation, drinking water, clothing, and food—the cause of the outbreak appeared to be the impurity of the air of the cells. The individual cases presented the aspect of a well-marked infectious disease, with much prostration, a considerable enlargement of the spleen, albuminuria, and, in two-thirds of the cases, diarrhœa. It is notable that the

disease did not begin, as in ordinary acute pneumonia, with a sudden onset and rigor, but was ushered in by four or eight days of prodromal symptoms. The pyrexia came on usually without an initial rigor, and ran a severe course. The pneumonic consolidation was recognizable usually on the third or fourth day of the fever, was frequently seated in the upper lobes, and exhibited a marked tendency to migrate. Often it was accompanied by inflammation of the serious membranes; pleurisy was almost constant; in one-fourth of the cases there was pericarditis; and of forty-five cases well-marked meningitis was present in five. Angina and stomatitis were not unfrequent accompaniments. The temperature sometimes attained a height of 107°, and began to remit on the fifth to the seventh day. Post mortem examination showed fatty degeneration of the heart, acute swelling of the spleen to three times the normal size, and a parenchymatous nephritis. Frequently the intestinal follicles were swollen. The disease was distinctly infectious. The attendants of the institution were affected, and the disease was conveyed by visitors to other persons who did not come near the prison or its inmates. In one epidemic Kühn observed eighty-three, and in another seventy cases. In each epidemic abortive attacks of the disease were also observed. He urges that this form of pneumonia must be distinguished from the genuine croupous pneumonia, and that its character approximates it to typhoid disease; and he suggests that possibly it may be due to the same poison as typhoid, modified by some unknown conditions—a sport, as Dr. Roberts would put it, of the typhoid germ.

Precautions in Cataract Operations.

In an article in the New York *Medical Journal*, on cerebral complications in cataract, Dr. J. S. Fernandez reaches the following practical conclusions:—

1. Persons of advanced age, or in a state of marked senility, should not have one eye operated on while retaining vision in the other.

2. In cases of blindness from cataract, no matter how old the patient, the operation should be performed, even at the risk of subsequent cerebral manifestations, inasmuch as these very phenomena may occur from the absence of sight resulting from non interference.

3. To avoid the occurrence of such cerebral manifestations, due in the majority of instances to moral impression, patients should be surrounded with every comfort before and after the operation.

4. These cerebral disorders are also observed in practice independently of the operation for cataract; but this fact makes their recognition no less important, inasmuch as we may easily admit that this operative procedure may play an important *rôle* in exciting or avoiding them.

5. Delirium after the operation for cataract may be produced by atropine, either by its absorption through the lachrymal ducts, which has occurred; by the solution dropping into the mouth; or by its being swallowed through mistake.

On Baby Foods.

Dr. Benjamin Edson talks in this strain about these popular articles, in the *Proceedings of the King's County Medical Society*:—

Peculiar malignity seems to have been manifested in the "murder of the innocents" through the multitude of "Baby Foods" thrust before the public, by the liberal display of catch pictures and printers' ink; each accompanied with the inevitable certificate of analysis by Prof. Quidproquo, vouching for the presence of everything essential to nutrition and the absence of anything deleterious. How many young lives have been sacrificed in demonstrating the utter worthlessness of scores of these preparations, not even the mathematical ability of the registrar of vital statistics can accurately determine. Of course I do not presume to intimate that these preparations are all worthless; but when the intelligent advocate of any one of them proceeds with deliberate coolness to practically dissect the claims, and demonstrate the comparative, if not the utter, worthlessness of all but his, the inquiring mind is led to suspect whether there may not be considerable truth in what all these parties say of each other. It is to be hoped, if not expected, that ere long there will be a healthful reaction in regard to the assumed need of *aids* to digestion; and that, as regards "Baby Foods," the greater portion of them will, in due time, be consigned to merited oblivion.

Peripheral Hysteria.

Dr. Lasègue, in a recent volume, applies this name to a class of hysterical affections. He gives as his first example of "peripheral hysteria" the case of a girl, fourteen years old, who, having suffered for a few hours from epiphora and some redness of the eyelids after a playmate had thrown some sand into one of her eyes, awoke the next morning with a spasm of the eyelids on that side, which rendered it impossible for her to open that eye; and it remained closed during four months, notwithstanding various remedies were tried. At the end of that time the spasm ceased suddenly one night, and never returned.

Dr. Lasègue considers that the irritation produced by the sand was no doubt the immediate cause of the spasm, but cannot be regarded as adequate to account for its long duration, which he looks upon as a hysterical phenomenon; and his view is confirmed by the fact that the patient became afterward the subject of various hysterical manifestations, although previously to the conjunctivitis she had been free from anything of the kind.

Several other cases are brought forward as examples of "peripheral hysteria," provoked by some local external cause. One of Dr.

Lasègue's patients, whose voice and singing were much admired, suffered for nearly two years from complete extinction of voice, and this came on during her convalescence from a very slight attack of bronchitis, which had not affected the voice, or but very little. Another, after an attack of indigestion, fearing to bring on the pain again, refused to touch either food or drink for twenty-four hours; and when, at the end of that time, she attempted to drink a cupful of milk, the whole came back, evidently in consequence of a constriction of the pharynx or œsophagus. This constriction lasted for some weeks, and even after it ceased the spasm would return occasionally. Space will not allow us to enumerate the many other examples of peripheral hysteria cited in Dr. Lasègue's interesting paper. He concludes by saying that it is evident there are certain subjects in whom the slightest traumatic irritation may determine a spasm of exceptional obstinacy. Such spasms he would designate rather by the name of *hysteroid* than *hysterical*. If they are found in certain cases to be merely the precursors or successors of the ordinary hysterical "attacks", they may also be, for some years, at any rate, the only manifestations of the disease.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——The *Revista Mensual Medico-Quirurgica* is the title of a medical journal, in the Spanish language, commenced in New York city by Dr. Antonio de Tejada. It is an octavo, of 16 pages, to appear monthly at $2.00 a year (address 237 Fifth avenue). The first number contains an extract from the Edinburgh *Medical Journal*, on Heaton's operation for hernia, and a paper by Dr. Dagnino, of Caracas, on yellow fever, which latter is also translated into English by the editor. The venture promises "as well as could be expected."

——The *Ecole de Médecine et Chirurgie de Montreal* graduated twenty-five last May. The whole instruction is in French, and from the circular of the school which is before us, and the character of the French medical journal published in Canada, we derive a high opinion of the French practitioners of the Dominion.

——After a suspension of some length, the series of American Clinical Lectures starts with one by Dr. A. Vanderveer, on the operation for closure of the cleft of the hard and soft palate. It is well printed and illustrated, and, of course, is instructive concerning the operation for this deformity. For sale by G. P. Putnam's Sons, 182 Fifth Avenue, N. Y. Price 25 cents.

——Dr. Horatio R. Storer has published, in reprint, his paper on the Treatment of Strumous Disease, by what he calls the Solfatara Method, that is, by the natural sulphur exhalations around Mount Vesuvius. His pamphlet gives considerable information about the health resorts of southern Italy. To be had of the author, Newport, R. I.

——Lindsay & Blakiston's Physicians' Visiting List for 1879 is now ready. It is a neat and convenient list, of considerable popularity, and by many esteemed very highly.

BOOK NOTICES.

A Monograph on the Treatment of Diphtheria, Based upon a New Etiology and Pathology. By William C. Reiter, A. M., M. D. Philadelphia, J. B. Lippincott & Co., 1878. 12mo, pp. 48.

A very few words will serve to give the views this little work is written to advocate. The new pathology of diphtheria is that it "consists of excess of fibrin in the blood;" the treatment, which is not so new, is large doses of calomel, colossal, heroic doses, as, for instance, half an ounce in less than three days, to a child three years old!

The calomel treatment, we say, is not new. Dr. Hillier, in his *Treatise on Diseases of Children*, published ten years ago, spoke of it then as a plan with which he was quite familiar, as, indeed, one almost obsolete. He adds that he is not prepared to give it up, and that in some of the worst cases he ever saw, recovery plainly followed the use of the calomel. His dose was half a grain to a grain every two or three hours; Dr. Reiter gives five to ten times this much, but the object of both was to bring about well-marked greenish stools. Dr. Duer, of this city, years ago testified to the benefit of the "calomel and soda" treatment of diphtheria.

Dr. Reiter does not seem to have read much of the literature of the disease, or he would not have put the word "new" so prominently on his title page. The treatment he advocates is mentioned by many writers beside those we have quoted; it is, in certain cases, a good one, but it is as far from a specific treatment as any of the score of other plans proposed to combat this dreaded malady.

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THE GRADUAL EXTENSION OF GENERAL PARALYSIS.

A strange and formidable disease is stealing upon this country, a disease whose march is slow, but sure, whose grasp is fatal to mind and body, whose touch defiles as well as destroys. This terrible disease is general paresis, or paralysis. Thirty years ago it was hardly or at all known in this country; even yet a local case of it has probably not yet occurred in Louisville, in St. Louis, or in New Orleans. On the other hand, in Boston, New York, and Philadelphia it is far from uncommon. In England it has long been known, while in Germany and France it is frequent.

Its exciting causes and its early symptoms are alike obscure. Some attribute it to excessive sexual indulgence or to intemperance. True it is that these depravities seem often to precede it; but it is the opinion of the most expert that they are symptoms of the early cerebral degeneration, not a cause of it. Bad temper, irascibility, profanity, and a want of moral balance also attend its prodromic stage. So also does an inclination to theft. Dr. D. M. MCCULLOUGH, Superintendent of the Monmouth Asylum, Wales, speaks of this in his last report. He says—

"During the past year two patients were admitted, laboring under this disease—paralysis of the insane—who had been convicted of larceny, and who came to the asylum in a debilitated state, as a result of prison diet and discipline. Inquiry into the history of these cases left no doubt that the disease existed at the time the articles were stolen, and in one of the cases certainly for months before. It is well for magistrates to bear in mind that such cases occur, though I can understand their feeling a difficulty in discriminating them. In general, it will be found that a change of character and habits has preceded the stealing, and that the stealing is usually irrational and without any regard to the probability of discovery."

To this stage follow the delusions of grandeur. The patient has married a harem of beauties; he owns a dozen bonanzas; he is ruler of men, and his word is law over kingdoms. Ask him of his health, and the palsied wretch will tell you he never was better in his life, and is as strong as a Samson.

This fearful malady strikes men in their prime, about forty-five to fifty years of age, and often singles out as its victims those of vigorous body and active mind. Its early signs do not even suggest the existence of a serious morbid process. The slight paralysis of the muscles of the lips, which is one of the first hints of its approach, tends to bestow on the face a benevolent and kindly expression, well calculated to deceive the observer.

Dr. Jung, of Leubus, in Germany, tells us that of late years this disease has, among women of the lower orders, considerably increased in frequency. This increase is only a further expression of the increasing misery and decreasing power of resistance (*widerstandskraft*) among these classes. The disease generally makes its appearance at the time of the menopause, whether this be normal or premature; it is, in fact, a disease of the climacteric. An individual weakness of the nervous system (either congenital or acquired) and a soil prepared or fitted for vaso-motor disturbance are necessary to the development of the disease; heredity also plays an important part in its causation. The affection occurs in women, on an average, ten years later in life than in men; *i. e.*, usually between thirty-five and forty-five. It lasts on the average, from one to two years; its course is seldom stormy and rapid, but rather of a chronic character. In the nature of the delusions no difference exists from those observed in men of the same social position.

Few complaints deserve more earnest study; and it is not one to be relegated to the specialist in mental disease; for its earliest manifestation, the stage when, if ever, there are some slight hopes of subduing it, is wholly within the scope of the general practitioner. By the time the patient is so far gone as to require sending to an asylum, his condition is absolutely hopeless.

A description of this disease, from the hand of a master, will shortly be presented in these columns.

Notes and Comments.

Preliminary Medical Courses.

The John Hopkins University, of Baltimore, proposes to organize, at the commencement of the session 1878–79, a course of instruction preliminary to the study of medicine. This course will have the object of giving the student an extended education, but one rather scientific than literary, and including a thorough knowledge of the structure and functions of the human body in health. At its completion the student will be ready to enter upon his medical studies proper. The course will extend over three years, and will include the following: —

First Year.—Experimental Physics, Elementary Mechanics, Chemistry, French and German, Drawing.

Second Year.—Chemistry, General Biology, Elementary Course in Comparative Anatomy and Zoölogy, Elementary Course in Physiology and Histology, Human Osteology and the Anatomy of the Ligaments and Joints, Logic.

Third Year.—Human Anatomy, Advanced Course in Physiology and Histology, Elements of Embryology, Psychology.

This scheme has met with considerable praise in some quarters. But all that can be said about it is not in its praise. There is much in favor of the doctrine that what is called a "liberal" education, one devoted to "the humanities" in the old sense of the word, is the very best preparation for any of the professions. To sacrifice this to a special technical course, warped and directed to any one business from boyhood, is, in the opinion of some educators, and those not the least capable ones, a grave and serious error, destructive to that wide intellectual sympathy known as true culture. The self-made man, the man of one idea, is, perhaps, the highest type of individual energy, but he is very far from being the noblest ideal of the race; and we like these ideals in our profession, and could stand more than we have of them.

Theoretic Treatment of Fever.

The present accepted theory among our German friends—and unfortunately they lead by the nose a great many non-German disciples —is that the main fact in fever is the increase of bodily temperature; and that, therefore, the main indication is to reduce the temperature.

Senator, of Berlin, and Buss, of Basel, have lately been reiterating this. The latter has published a book of 250 pages on the subject, this year, largely devoted to "the antipyretic methods." These may be briefly summed up as cold water externally, salicylic and cresotinic acids, to lessen existing temperature, and quinine and alcohol, to diminish the production of heat. He thinks a judicious combination of all these will prove "extraordinarily efficacious."

This deductive plan of treatment is interesting to read about, but there is large room for doubt as to whether the bodily temperature is the main fact of fever. It is very far from proven, and there is a good deal to say against it; and the antipyretic treatment has already been shown to have very large limitations. Since the days of Niemeyer, it is the present writer's opinion that German practice has decidely retrograded.

Copyrighted Medicines.

The question has been put to us a number of times, whether a copyrighted and registered trade name of a medicinal preparation can be taken out by a physician without violating the professional proprieties. The general principle, which should govern in such matters, is that no step is justifiable which narrows the benefits of a valuable discovery; and none is proper which gives to a preparation a fame it does not deserve. As to the application of this doctrine in these instances, we shall be glad to hear some expression of views from those of our readers interested in such topics.

Treating the Infant in Utero.

Numerous experiments have been recorded by German physicians, demonstrating the possibility of certain substances, especially iodine, chloroform, and salicylic acid, when administered to the mother, finding their way into the blood or secretions of the fœtus in utero. Professor Gusserow, of Strasburg, seems to have examined with great care the subject of the interchanges between the fœtus and the mother. His experiments, about eight in number, on the lower animals did not yield any positive results, which may probably be accounted for by the comparatively short time the parent was subjected to the action of the medicine. In fourteen instances he gave patients pretty large doses of iodide of potassium for some days or weeks before delivery; and then he tested for iodine in the liquor amnii and the fetal urine, when these could be obtained. Specimens of the urine were got in only eleven of these fœtuses, and five of the specimens contained iodine, while in six of them it was absent. The length of time the mother had been taking the medicine seemed to influence the result of the experiment. Benicke reports giving salicylic acid to twenty-five women during labor, and found it in the urine of the children immediately after birth.

The Function of Intelligence in Brutes.

This was the topic of a paper by Mr. Romanes, before the last meeting of the British Association for the Advancement of Science. He illustrated his remarks by quoting incidents which he had observed in connection with his own dogs, and described at some length observations which had been made on neglected deaf mutes. His general conclusion is that the only difference in kind between animal intelligence and human intelligence consists in this—that animal intelligence is unable to elaborate that class of abstract ideas the formation of which depends on the faculty of speech. In other words, animals are quite as able to form abstract ideas as we are, if under abstract ideas we include general ideas of qualities which are so far simple as not to require to be fixed in our thoughts by names.

Relative Dangers of Version and Forceps.

A Belgian writer, Dr. Kuborn, has examined the recent statistics of the Russian hospitals, to determine the relative dangers to the infant of deliveries by version and by the forceps. He has collected the respectable number of 7100 cases of labor where one or the other method was used. The results are in favor of the forceps. They showed a mortality of but five per cent., while version was followed by the death of the infant in eight per cent. of the cases.

Sulphocarbolate of Quinia in Diphtheria.

From an experience with this drug in his practice, an Italian physician, Dr. Marchionneschi, thinks he can claim for it a special value in the treatment of diphtheria. The particulars of its administration are not given in the *Journal des Sciences Medicales de Louvain*, from which we borrow the statement.

Correspondence.

FOREIGN.

Brief Notes From London.

Ed. Med. and Surg. Reporter:—

The British Medical Association held its meeting in Bath this year (Aug. 5th, 1878), with an attendance which I was informed was about an average one in numbers, and was about equal to an average meeting of the American Medical Association.

The general business of the Association is transacted in the great body of the meeting; the professional and scientific papers are all read in the Sections, as with us.

The delegation from the American Medical Association present consisted of Dr. J. Marion Sims, of N. Y., Professors Auger and Cleaver, of Iowa, Professor W. H. Pancoast, of Philadelphia, and your correspondent.

Of the addresses before the Association, that of Mr. Wheelhouse, of Leeds, on Surgery, was probably the event of the meeting, and was characterized by its clear and able history of the progress in surgery, and the appliances and inventions which have been made in this branch of the healing art.

There was possibly just a few oversights in giving credit to American surgery; for example, when the high tribute to the operation of ovariotomy was spoken, the name of Spencer Wells *was* mentioned, and deservedly too, but the illustrious name of McDowell, the father of the operation, *was not* mentioned. It seemed to me, as an American, that while names were being honored, it should be understood that medicine and surgery is broader than any mere country, and that in honoring the name of McDowell, as Spencer Wells himself does in his book, one can but do honor to his own manhood; and in failing to do so one commits an oversight, to say the least. Mr. Wheelhouse is well informed in surgery and its history.

I was, to-day, shown a case by Mr. Thomas Smith, of St. Bartholomew's Hospital, of extrophy of the bladder, in which he had conceived and performed an operation for its relief, by cutting down, as for the operation for artificial anus, and seizing the left ureter, detaching it from the bladder and making a small incision into the colon, united it there by means of four carbolized catgut sutures, so as to drain the urine into the colon; this was accomplished temporarily by the operation, as the urine came away with the fæces for several days, without inconvenience, but the attachment of the ureter and colon failed to result in confirmed union, owing, as Mr. Smith believes, to the use of the catgut instead of the wire suture. Only one ureter was operated on, fortunately, and what is to become of, and what harm the urine secreted by the left kidney will cause, is a question that time will soon develop; meanwhile the patient, a lad about seven years old, is in a decidedly unfavorable condition.

At Guy's Hospital the surgery is, as usual, interesting, and every operating day brings with it a large number of cases of an instructive nature.

One more case of malignant pustule has been treated since my last writing.

A short time since I saw Mr. Howes operate for the relief of stricture with false passage into the bladder, by means of supra-pubic cystotomy, the bladder being first fully injected, to carry it sufficiently high to enable the operator to avoid the peritoneum, and then entered through the incision in median line, and a sound passed from the internal extremity of the urethra outward, to the seat of an incision made in a former operation of perineal urethrotomy. The case, I am informed, has been successful.

This gentleman is a bold and skillful operator, and has recently had three cases of cancerous disease, requiring the operation of gastrotomy, two of which have been successful in affording a means of nourishing the patients, who are still alive. The third case was unsuccessful, the patient dying on the second or third day.

A case of gastrotomy is reported from Germany, which is highly successful, the patient being able to chew food and insalivate it, then deposit it in a tube below the mouth, which conveys it directly to the stomach through the artificial opening in the epigastric region, the tube and silver plate attachment being held in place by means of a belt.

The operation for straightening knock knees (genu valgus) and curved thigh and leg bones, by means of artificial fracture, either by the saw or chisel, is extensively performed here, and certainly there is plenty of material, as the percentage of rickety children is very great in London, among the poorer classes. In these operations Mr. Barwell, of the Charing Cross, and Mr. Davy, of the Westminster Hospital, prefer and use the chisel for dividing the bone.

The gentlemen at Guy's and St. Bartholomew's whom I have seen operate for these deformities use the saw, washing out the wound with carbolized water, to remove the bone finely divided by the saw. For neatness and ability to make a more subcutaneous operation, the chisel seems to be the instrument, leaving, as it does, only a small superficial wound.

The operations at the Royal London Hospital, Moorfields, every morning, are numerous, and in the main well performed. The extent of the material is very great, this being probably one of the largest, if not the largest, eye clinic in the world, their in-patients last year numbering over two thousand, their new out-patients over twenty thousand, and the whole number of patients seen over one hundred thousand. It is a sight truly never to be forgotten, to see the vast throng of blind, half blind and weak-sighted poor that flock to Moorfields to avail themselves of the advice of such masters in the opthalmological art as Mr.

Solberg Wells, Lawson, and their colleagues, some of whom, with their large corps of assistants, are to be found there every morning.

Yours truly, W. H. Daly, M.D.
London, England.

DOMESTIC.

Some Notes From Practice.

Ed. Med. and Surg. Reporter:—

I have jotted down some points of experience which I think are worth preserving. Let your readers take them at their value:—

1. Hydrobromic acid is a good brain and nerve sedative in acute melancholia (dose ʒj to syr. simp. ʒss), but after a week's use disorders digestion. It is too disagreeable to administer to females.

2. Tannic acid, in powdered form, applied to wounds constituting compound fractures, will convert them, when the wounds are not extensive or torn, into simple fractures, by rapidly forming a cicatrix, and thus save from one-third to one-half the usual time of healing.

3. An ounce or two of oil of turpentine in half a pint or a pint of tepid menstruum, arrests, like a charm, intestinal hemorrhage, even when patients seem moribund.

4. There is a form of bilious puerperal fever in which, by means of severe diarrhœa, nature effects a cure. To arrest this is bad practice and uniformly fatal.

5. I have reduced gradually to normal frequency, and thus saved the patient, a pulse in puerperal fever that ran 150 beats per minute, by half-drop doses Norwood's tincture veratrum viride, with one grain quinine, administered every two, three and four hours.

6. I recently examined several patients in Brigham Hall Asylum, by "cranial percussion," with a view to "cerebral localization." In a respectable percentage I succeeded. In one epileptic lady, whose skull was broken many years ago, I was enabled to point out distinctly the seat of fracture.

7. In summer diarrhœa of children (attention to all other hygienic conditions understood) the following treatment has almost worked miracles in my hands:—

℞.	Calomel,	gr. j
	Soda bicarb.,	grs. vj
	Ft. chart No. vi.	

Sig.—One every hour until used, then one teaspoonful of castor oil, after which—

℞.	Ext. hæmatoxyli,	grs. xvj	
	Tr. kino,	ʒss	
	Syr. simplicis,		
	Aq. menthæ pip.,	āā ʒj.	M.

Sig.—According to age ʒss to ʒj, twice daily.

8. Pleasant, odorous substances are of greater value, curative and preventive, than the faculty accredit them.

A form of administering iron, more natural, convenient and efficacious than hypodermically, a form in which it will be borne, liked and appropriated by every patient in whom it is indicated, from the infant to the aged, is as follows:—

℞.	Oil of wintergreen,	gtts. xvj
	Alcohol,	ʒx
	Whisky,	ʒxij
	Shake and add	
	Water,	ʒxxxij
	Sugar,	℔j
	Fl. ext. gentian,	ʒj
	Iron, pyrophosp. (or) am. cit.,	ʒj¾
	Shake well.	

Sig.—A teaspoonful twice daily, before meals, in ʒss water.

P. S.—All these are, so far as I know, original, save 7 and 8; 8 is very ancient; part of 7 I got from Vogel, part from West.

R. J. Hutton, M.D.

Partial Placenta Prævia.

Ed. Med. and Surg. Reporter:—

Mrs. Brosner, aged twenty-five, multipara. Previous labors normal, speedy, and comparatively easy. Duration of this gestation ten lunar months. Has had numerous slight hemorrhages within the last two months. While standing at the hydrant, she was taken with a severe hemorrhage, which continued about half an hour, during which time I arrived. She had fainted once and been restored before I got there. I found her bleeding profusely. Hands and feet cool; considerable emesis; pulse very weak and rapid. I at once raised the foot of the bed, then made an examination per vaginam; found the os rather thick, and dilated to about the size of a twenty-five cent piece; I could feel a pulpy mass on the upper lip. I at once passed my finger between this mass and the uterus, clearing the "zone of danger." A little gush of blood followed, and then hemorrhage ceased. Labor pains were very slight and far between, and growing less. On consultation, it was thought the patient could not live through a natural labor, and that the os had better be dilated as soon as possible, then turn and deliver. Some delay was caused by having to wait for a colpeurynter; during this time the pains ceased. About twenty minutes after introducing the colpeurynter, labor pains again began, at first weak, but gradually getting stronger. I gave her thirty drops of whisky hypodermically, every half hour from the first. One hour after introducing colpeurynter, the os was fully dilated and labor pains quite frequent, but not very effective; head engaged. I sent for forceps. During the absence of the messenger I passed my arms around the nearly exhausted woman, and with each pain I produced all the pressure I could upon the upper border of the abdominal tumor, by squeezing her. I kept this up until the child was born, without instrumental interference. There was slight post-partum hemorrhage, which was controlled by introducing ice within the body of the uterus.

I ordered one drachm spiritus frumenti every hour, all the beef juice and milk she could take, and—

℞. Cinchonidiæ sulph., ℥j
Tr. ferri mur., ℥j
Aquæ, q.s. ft. ℥iij. M.

Sig.—Take one drachm every four hours.

She rapidly recovered. Two points in the above treatment I think deserve especial notice. 1. The clearing of the "zone of danger," by separating the placenta from the uterus as far as the finger can reach. 2. The use of the colpeurynter to dilate the os, and also thus induce labor pains. WINFRED WYLIE, M.D.
Brooklyn, N. Y.

Fracture of the Larynx.

ED. MED. AND SURG. REPORTER:—

Wm. A. Walker, age fifty-one years, laborer, in good health, while feeding a team, at noon, August 22d, 1878, was struck by the heel of a mule, in the throat, producing a complicated fracture of the larynx. Was seen an hour afterward, and found him vomiting blood, which was flowing from seat of injury. Respiration difficult, attended with cough. Neck and dependent portions were emphysematous. Could remain in no position except sitting or standing, with head and shoulders bent forward. Unable to swallow anything or to speak distinctly. Applied ice, externally and internally, with anodynes. By eight P.M. was resting easier, spoke plainer, and respiration better. On day and night of 23d remained in about the same condition, with the exception of growing weaker, from loss of sleep and nourishment. At six A.M. on the 24th a recurrence of dyspnœa took place, and proved fatal, fifty-two hours from time of injury. Autopsy showed two rings of the cricoid cartilage fractured; upper ring in three places; literally crushed, from the anterior backward. Larynx above and below seat of injury did not show evidence of much inflammation. The operation of tracheotomy, no doubt, would have given him a good chance for recovery. Tubes and instruments were at hand, but he would not permit the operation to be performed.
Catlin, Ill. A. M. F. MCCOLLOUGH, M.D.

—A young Italian surgeon, of high reputation, committed suicide last month, in a fit of professional pique. He was a delegate to the Italian Medical Congress, sitting at Pisa. He had worked hard as one of the organizing committee, and was the responsible superintendent of the exhibition of medico-chirurgical instruments. He had just been worsted in an animated discussion in one of the sections, after which he leaped into a cab, purchased a revolver, and made way with himself. His father commited suicide in an equally unaccountable way.

NEWS AND MISCELLANY.

Report of Epidemics for Week Ended October 19th, 1878.

NEW ORLEANS, LA.—During the week ended yesterday afternoon there were 976 cases of yellow fever and 235 deaths, of which eighty-nine cases and thirty-six deaths occurred in the last twenty-four hours reported. Total cases 12,182, deaths 3635.

No cases of yellow fever at PORT EADS or SOUTH WEST PASS during the past week.

MORGAN CITY, LA.—There were 16 deaths from yellow fever during the last week. The number of cases was incorrectly given for last report. Total cases to date reported to be about 432, total deaths 87.

MOBILE, ALA.—For the week ended yesterday noon there were 56 cases of yellow fever and 12 deaths. Total cases 93, deaths 32.

DECATUR, ALA.—73 cases of yellow fever and 12 deaths during the week ended yesterday. Total cases 155, deaths 27.

OCEAN SPRINGS, MISS.—During the week ended yesterday noon, there were 25 cases of yellow fever and one death. Total cases 128, deaths 29.

PASS CHRISTIAN, MISS.—There were 32 new cases of yellow fever and four deaths for the week ended yesterday. Total cases 126, deaths 13.

BAY ST. LOUIS, MISS.—During the week ended yesterday evening there were 52 cases of yellow fever and 12 deaths. Total cases 338, deaths 68. The fever is on the decrease for want of material. The cases occurring now are more malignant.

FRIAR'S POINT, MISS.—Eight cases of yellow fever and two deaths during the week ended yesterday evening. Total cases 21, deaths 6.

CRYSTAL SPRINGS, MISS.—The yellow fever is confined principally to the country around Dry Grove and Lebanon Church. No case has yet occurred within the limits of the village of Crystal Springs. During the past week there were 31 cases and 8 deaths. Total cases 112, deaths 44.

BATON ROUGE, MISS.—During the week ended yesterday at nine A.M., there were 301 cases of yellow fever and 16 deaths. Total cases 2170, deaths 129.

PASCAGOULA, MISS.—Total cases of yellow fever at quarantine to October 12th, 5, deaths 2.

SCRANTON MISS.—Total cases of yellow fever to October 12th, 5, deaths 3.

VICKSBURG, MISS.—For the past week there were 32 deaths from yellow fever in the city, and 64 in the county of Warren, outside of the city. Total deaths in city and county 1074.

HOLLY SPRINGS, MISS.—Total number of cases of yellow fever to yesterday evening 1117, deaths 285. About 200 cases under treatment. The fever is spreading into the surrounding country. A slight frost occurred in the night of October 16th.

GRENADA, MISS.—For the week ended yester-

day evening there were 4 new cases of yellow fever and 2 deaths. The fever is spreading into the country. In fourteen families, containing 97 unacclimated persons, there occurred 41 cases and 2 deaths during the past week. Total deaths in Grenada and adjacent country 327.

Bolton, Miss.—Total cases of yellow fever to yesterday evening 117, deaths 31. The first case occurred August 12th.

Hernando, Miss.—During the week ended yesterday evening there were 50 cases of yellow fever and 23 deaths. Several of the cases from one to three miles in the country. Total cases 133, deaths 56. Slight frost was observed this morning.

Memphis, Tenn.—For the week ended the evening of the 17th inst., there were 108 deaths from yellow fever. Total deaths 2892. Dr. Thornton, in charge of the Marine Hospital Service at Memphis, has the fever.

Chattanooga, Tenn.—101 new cases of yellow fever, and 30 deaths, for the week ended at 4 o'clock, p. m., yesterday.

Paris, Tenn.—No cases of yellow fever or deaths for the week ended yesterday afternoon. A frost has occurred, and no further trouble is expected.

Milan, Tenn.—The first case of yellow fever, a refugee, occurred August 26th. The first case among inhabitants, October 12th. Total cases to yesterday 3, deaths 3.

Cairo, Ill.—No report of cases or deaths received. Assistant Surgeon Roswell Waldo, of the Marine Hospital Service, died of the fever at his post yesterday.

St. Louis, Mo.—4 deaths from yellow fever at quarantine during the past week.

Louisville, Ky.—For the week ended yesterday there were 15 new cases of yellow fever and 5 deaths. Of these numbers, 14 cases and 5 deaths were among the inhabitants in the locality before described. Total cases 127, deaths 54, of which 89 cases and 34 deaths were among refugees.

Key West, Fla.—No new cases of yellow fever during the week; one death occurred the 12th instant. Total cases 37, deaths 17.

No report received from the following places, where the yellow fever exists:—Plaquemine, La., Port Gibson, Miss., Mississippi City, Miss., Greenville, Miss., Spring Hill, Miss., Water Valley, Miss., Biloxi, Miss., Canton, Miss., Brownsville, Tenn., Grand Junction, Tenn., Hickman, Ky., and Gallipolis, Ohio.

Hot Springs and Hot Tempers.

Among the many wonderful properties of the Arkansas Hot Springs must be that of making equally hot the tempers of residents. Of all places in the United States, we know of none where the local physicians seem more ready to flay each other at the slightest notice. Then, at the last session of Congress a mysterious body, called the Hot Springs Commission, set the press of the country and the House of Representatives by the ears because they did not bag a lot of the public money. Finally, the contagion has seized even the patients, and if a small-sized civil war does not make things lively for the residents it will be because the demand of the United States Marshal for "troops" is promptly complied with by the Executive. Some of the patients, who are not so disagreeably affected as are some other patients, object, it seems, to the disagreeably affected patients bathing in a certain spring called the Rat hole. This is not because the Rat hole is immediately contiguous to the other springs, but because the volcanic formation is suspected of being sufficiently porous to permit the waters of the Rat hole to penetrate to the other springs, to their contamination. The people who have found comfort in bathing in the Rat hole object, for their part, to bathe anywhere else, and refuse to recognize the merits of efforts that have been made in their behalf by conducting the waters of the Rat hole to a distant point where there will be no occasion to apprehend any disagreeable consequences from it to the other patients. The Rat hole patients, in spite of their peculiarly disagreeable affections—or, perhaps, because of them—seem to be a particularly lively set of people, and they are standing up for what they assume to be their rights in such a vigorous fashion that the United States Marshal contends that he is unable to keep the peace unless he has "troops" to back him up. These springs had better be fenced in until we want to fire up for another war. Their source must be too near the favorite spot of Pluto's realm.

Cooking by the Sun.

Among the curiosities of the Paris Exhibition is an apparatus for using the heat of the sun for purposes of cooking. It is very simple, and is the invention of M. Mouchot, a French missionary. It consists of a deeply concave reflector, which admits of being always turned toward the sun. In the centre of this reflector is fixed a cylindrical glass vessel, upon which the sun's rays are directed by the containing reflector. In tropical climates, in subtropical climates, such as Algeria, and even in the south of France, it is found possible to prepare coffee, and even to cook meat, with this exceedingly simple machine, which, in one respect, the consumption of fuel, certainly eclipses all others.

Castor Oil Production in Illinois.

The people of some sections of Southern Illinois are now busy gathering their crop of castor beans, which, though a native of Asia, are successfully raised in that part of the country, St. Clair county alone yielding, it is said, about 300,000 gallons of the oil, of which there are several large manufactories in St. Louis.

The oil of Illinois is asserted to be fully equal to that produced in the Levant, in Spain, Provence, Brazil or the West Indies, and is steadily improving in quality. The ground is prepared

as for other crops, and the bean planted as corn is, with the exception that one bean is put into each hill, and at every fourth row a space is left for the passage of a wagon to gather the crop.

About twenty bushels to an acre is considered a fair yield, which begins in September. Commonly used for medicine, it will answer for lamps and machinery, and is often so employed. The streets of Lima are, or were very lately, lighted with castor oil, which also lubricates most of the mills on the sugar plantations of Peru. The raising of the bean and manufacture of the oil is a growing industry, and several firms in St. Louis have made themselves rich by it.

Belleville, Ill., capital of St. Clair county, is a centre of the bean product, and being but fourteen miles from St. Louis, the raw material is easily transported to that city, whence it is shipped to various places, most of the oil being consumed in the United States.

The Medical Corps of the Turkish Army.

In a book on the recent war, Dr. Lebovicz shows that the serious defects of this corps are a necessary result of the system on which the medical *personnel* of the Ottoman army is constituted, and that scarcely any improvement can be hoped for until its organization is radically reformed. The army surgeons are chiefly educated at the School of Medicine of Constantinople, at the expense of the State. In return, they are bound to give a certain number of years of service to the Government. The length of time that the courses of instruction last varies, as does also the number of Government pupils, according to the wants of the army and political circumstances. Hence, at the commencement of hostilities in 1876, a large number of pupils, who were very far from having completed their studies, were sent to do duty with bodies of troops or in the hospitals. Not having had any practical experience in the treatment of patients, they were frequently quite at a loss how to deal with the cases which fell under their care. Those who were sent to regiments were particularly to be pitied; being often detached and isolated with their respective battalions, deprived of the counsel of their superiors, they had to assume all the responsibility of the service, and to depend entirely upon themselves. As the author remarks, it makes one shudder to think of the lives which these unfortunate surgeons held in their keeping.

Longevity in England.

The mortality returns for England and Wales in the year 1876, which have recently been completed, record the death of 183 men and 409 women registered as 95 years old or upward when they died. Fourteen of the men had reached 100 or upward, and one was 106. Forty-three of the women had completed a century of life or more, and one, who died at Sedgefield, in Durham, was 108 years old. Their respective ages were: four men and twenty-one women, 100 years; two men and seven women, 101; five men and four women, 102; two men and three women, 103; two women, 104; three women, 105; one man and two women, 106; and one women, 108.

Items.

—A crematory has been opened this month in Gotha, Germany. The building is said to be tasteful, and supplied with several furnaces, numerous columbaria, etc.

—Dr. N. Wulfsberg, of Göttingen, has been experimenting with the intra-venous injection of milk, as recommended by Dr. Gaillard Thomas, of New York, but thinks it is much less efficient than transfusion of blood.

—In 1793 Philadelphia had about 40,000 inhabitants. When the yellow fever broke out in that year a fourth of them probably left. Yet the deaths from the disease numbered about 4000. In those days Dr. Rush's grand specific was "repeated bleedings."

—The great Swedish University of Upsala has a vacant professorship of anatomy which it cannot get anybody to fill, because there are no foreign savants in this department who understand the language. In former centuries no such difficulty was encountered, since university lectures were everywhere delivered in Latin, which the learned of all nations understood.

Personal.

—Dr. T. C. Rogers, of Harrington, was found dead in bed last week.

—Two medical editors have recently deceased, Dr. Fr. Gravell, editor of "*Gravell's Notizen*," and Dr. Laussedat, of Brussels, editor of "*L' Art Médical*."

—Dr. H. H. Muhlenberg and wife, of Reading, Pa., celebrated the twenty-fifth anniversary of their wedding a week or two since, at their home.

—Dr. Luke P. Blackburn has been one of the most faithful yellow fever physicians. With one voice the Kentucky papers declare that he must be the next Governor of their State.

MARRIAGES.

RULISON—NEWHOUSE.—At the Baptist Church, on the 2d instant, by Revs. Van Doren and Stevens, Elbert T. Rulison, M.D., and Libbie Newhouse, both of Bath-on-the-Hudson, N. Y.

INGERSOLL—CHAPIN.—On Wednesday, October 9th, 1878, by the Rev. S. S. Chapin, of Michigan, uncle of the bride, Edwards J. Ingersoll and Julie A., daughter of R. S. Chapin, M.D., all of New York.

MARCH—STEVENSON.—At Pittsfield, Mass., Oct. 3d, 1878, by Rev. Daniel March, D.D., Daniel March Jr., M.D., of Pittsburgh, Pa., and Miss Jennie H Stevenson, eldest daughter of the late John M Stevenson, of Cambridge, N. Y.

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DR. I. C. BARLOTT."

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CONTENTS:

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

STEVENSON, S.—Three Cases of Hernia Reduced by Unusual Methods 373
LANDESBERG, M.—Contribution to the Therapeutical Use of Iodoform 374
MEYER, LUDWIG.—Treatment of General Progressive Paralysis (Dementia Paralytica) 375

HOSPITAL REPORTS.

College of Physicians and Surgeons, New York.—Clinical Lecture on Diseases of Women, by Prof. T. Gaillard Thomas.—Epithelioma of Cervix Uteri 381

EDITORIAL DEPARTMENT.

PERISCOPE.

A Means of Lowering the General Temperature. 384
Value of Sleep and Rest 384
Arsenical Poisoning in the Arts 385
The Percussion of Bones 385

REVIEWS AND BOOK NOTICES.

BOOK NOTICES.

The Principles and Practice of Surgery (Agnew). 385

EDITORIAL.

WHY THERAPEUTICS IS OF SO LITTLE ACCOUNT.. 389

NOTES AND COMMENTS.

The Thermal Death Point of Septic Organisms.. 391
Location of the Special Senses in Insects 391
After-Treatment of Tracheotomy Cases 391
Strychnia in Nocturnal Enuresis 391
The Cause of Goitre 391
Gnoscopine, a New Alkaloid of Opium 392
Parental Resemblances and Preferences 392
Gastric Ulcer Simulating Poisoning 392

CORRESPONDENCE.

Artificial Respiration (Chase) 392

NEWS AND MISCELLANY.

The Illinois State Board of Health Attacking Quackery 393
The Texas "Screw Worm" 393
Absinthe Tippling 393
The Trommer Extract of Malt 394
Items 394
Personal 394

OBITUARY.

T. C. Rogers, M.D. 394
MARRIAGES AND DEATHS 394

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☞ *Subscribers are requested to inform us immediately if their remittances are not acknowledged in this column.*

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THE

MEDICAL AND SURGICAL REPORTER.

No. 1131.] PHILADELPHIA, NOV. 2, 1878. [Vol. XXXIX.—No. 18.

Original Department.

Communications.

THREE CASES OF HERNIA REDUCED BY UNUSUAL METHODS.

BY S. STEVENSON, M.D.,

Of New Bedford, Pa.

At about 4 P.M. July 20th, 1878, I was summoned to see J. B. Found him lying on a bed, evidently in great pain. He soon disclosed to me the seat of the trouble—scrotal hernia, left side. Upon inquiry I learned that he had been afflicted with double inguinal hernia for several years, that the portion of intestine frequently descended into the right side of the scrotum, and was always readily reduced by himself, but that the protrusion as it then existed (in the left side) was very uncommon. He claimed that while moving, on the morning of the same day, the tumor appeared, owing to some defect in his truss. He labored on until, owing to the severity of the pain, he was compelled to cease. When I saw him he had been manipulating the tumor for about six hours, without effect, except to cause considerable tumefaction and tenderness of the external opening. I placed him in the usual position for reduction, but utterly failed to reduce by taxis. I went home, and returned armed with a syringe, a bottle of chloroform, and two ounces tincture of lobelia. I thought best to use the syringe first, in order to empty the lower part of his bowels. I at once injected a quart of water to which I had added one ounce tincture of lobelia. During the process I directed the patient to place his hand over the tumor and make firm pressure. After the injection I noticed that the lump was smaller, and while he was on the chamber, by keeping up the pressure as the water flowed from the rectum, a complete reduction was effected.

On the 24th of same month, while passing the residence of J. M. C. to visit a patient, I was requested to stop and see his little girl, aged about five years. She had been ruptured for about two years, and during that time had worn a truss. The truss, however, had not been adjusted for several days, and as a result a small lump appeared in the left groin, constituting femoral hernia. I attempted a reduction, but as the child was very irritable, and having no chloroform with me, I stated to the father that I would apply a strip of adhesive plaster over the tumor, and call again in the evening. The plaster was so placed that when the child's limbs were stretched firm pressure was produced on the hernia. I accordingly returned prepared for any emergency, but imagine my surprise, as well as gratification, when I saw the child running around, all right. I learned that the child had went to sleep after I left, after which time the tumor disappeared.

August 1st, 1878, I was hastily summoned during the night to see J. D. Soon found that I had another case of scrotal hernia to deal with. Like the previous case he was compelled to wear a double truss, and it was very unusual for the enlargement to appear where it was then located. He was at once placed in a semi-recumbent position, thigh flexed and adducted, and taxis commenced. Failing to succeed in this position, I directed his son to raise him up by the feet until only his head and shoulders

rested upon the bed, but a failure was the result. I then administered an enemata, consisting of one quart water, and one ounce tincture lobelia. After the water, with considerable fecal matter, had passed from his bowels, I observed that the tumor was somewhat smaller, which encouraged me to repeat the process. When the bowels had been emptied after the third injection, but slight taxis was required to reduce the hernia entire.

CONTRIBUTION TO THE THERAPEUTICAL USE OF IODOFORM.

BY M. LANDESBERG, M.D.,
Of Philadelphia.

Iodoform, an old preparation, discovered by Sérullas as early as 1822, introduced into practice about the year 1837, by Dr. M. R. Glover, of London, and M. Bouchardat, of Paris, has since enjoyed but little favor with the profession, notwithstanding the high eulogies bestowed upon it by some eminent practitioners (Pick, Demarquay, Voelker, Nunn, Kennedy, Hamilton, etc.). The scientific medical world ignored it almost totally. In the clinics and clinical hospitals it was not used; in the text-books of therapeutics it was hardly mentioned.

In his Materia Medica, published 1863, a book in high favor with the medical students during the time of my studies at Berlin, Lessing treats of iodoform in the following manner: "This preparation belongs to a more recent time, and needs closer examination and wider recognition."

Not much better is iodoform treated by Nothnagel, in his "Handbuch der Arzneimittellehre" from 1878. "The use of iodoform has been recommended in neuralgia, painful tumors, and the like, but without much benefit."

C. Binz seems to be the first one in Germany who, in his "Grundzüge der Arzneimittelehre" from 1874, and in subsequent scientific articles, has drawn the attention of the profession to the therapeutical value of iodoform.

More recently Jacob Moleschott, of Turin, reported the most successful results from the use of this remedy.

The enthusiastic praises bestowed upon iodoform by Moleschott induced me to try it as a last resort in a desperate case of neuro-retinitis descendens, which lately came under my treatment.

This case, which presents points of special interest to the oculist, in regard to the very important question of impairment of vision subsequent to hemorrhage, cannot fail to attract the attention of the general profession by the very remarkable cure effected through the application of a remedy the nature and properties of which are still so little known.

August 1st, I was called to see B. C., 23 years old, who, after violent metrorrhagia, upon abortion in the third month of pregnancy, began to complain of impairment of vision of both eyes. Abortion had taken place about 40 hours previous to my first examination.

I found patient in the highest degree anæmic, deadly-pale, hardly able to sit up. Her eyes were sunken, surrounded by broad, dark lines. Pulse and action of the heart very feeble. Anæmic murmurs. Uterus contracted. No bleeding at the time. Vision of the right eye $\frac{15}{30}$, of the left eye $\frac{15}{40}$. Power of accommodation and fixation impaired to the utmost. Field of vision upward somewhat limited. With the ophthalmoscope both eyes showed beginning neuro-retinitis descendens.

Here I had to deal with one of those sad cases of intraocular affection consequent upon severe hemorrhage, the morbid process of which terminates generally in blindness.

The prognosis was here the more unfavorable as the only method of treatment which afforded some hope of success could not be applied. In this condition of highest degree of anæmia and physical exhaustion of the patient, I did not dare to undertake an acute mercurialization, which in those cases of acute inflammation and infiltration had proved, until then, the only means of checking the progress of the disease and of favoring resorption of the serious effusion. I had to restrict myself to quinine and iron, to stimulants and roborantia.

Under this treatment the general condition of the patient improved somewhat in the following two days, but the condition of the eyes became worse. Vision decreased, and the picture of neuro-retinitis descendens was complete.

Just at this period, when the sad fate of my patient reminded me so forcibly of the limits of our science, and when the total loss of vision was, in my estimation, only a question of time, I received numbers 24, 25 and 26, of the *Wiener Medicinische Wochenschrift*, of this year, where Jacob Moleschott had published his article, "über die Heilwirkungen ders Iodoforms."

According to him iodoform unites antiphlo-

gistic, dissolving, resorbent, resolvent and anæsthetic properties, embracing a field of therapeutics from neuritis to neuralgia, from leucoma to meningitis tuberculosa, from lymphatic glandular tumors to effusions in serous sacks, from attacks of gout to hygroma.

What struck me most, in his article, were the following remarks on the use of iodoform in hydrocephalus acutus of infants. "But by far the greatest satisfaction iodoform afforded me was in hydrocephalus acutus of infants. Of five cases of this fatal disease, which I lately treated with this remedy, three resulted in total recovery. Two of these cases seemed to me quite hopeless. Staring, glazed gaze, unconsciousness, sopor, convulsions, dilated, unequally large pupils, etc. Either iodoform, collodion, or iodoform ointment was applied to the neck, mastoid processes, forehead and temples, three or four times a day, with the most excellent effect."

Impelled by this statement, I at once determined to try iodoform in my case of neuro-retinitis descendens. The new method of treatment I began on the evening of August 2d, in the following manner. The neck, the mastoid processes, the forehead and the temples, the inner surface of the thighs and the sides of the chest were carefully rubbed in with an iodoform ointment, containing one part of the remedy to eight parts of cosmoline, and then covered with a double sheet of gutta-percha paper, to be kept on during the night. On the following morning the parts were cleansed with lukewarm soap water, subjected to another inunction of the ointment, and covered with gutta-percha paper, to remain undisturbed until the evening. Thus the procedure was repeated twice in twenty-four hours. Beside, I gave internally, pills of iodoform in doses of two grains, four times a day.

On the morning of August 3d (after the first inunction) the morbid process was still in progress. There were some hemorrhagic patches near the macula lutea and some plaques. V. R. $= \frac{15}{50}$, V. L. $= \frac{15}{100}$.

On the morning of August 4th the morbid process was not only arrested, but there was a remarkable improvement. V. R. $= \frac{15}{40}$, V. L. $= \frac{15}{70}$. Of iodoform about one ounce was used. From that time the improvement went on steadily, and very rapidly, ending in complete recovery. At discharge there was V. R. $= \frac{15}{15}$, V. L. $= \frac{15}{20}$. Patient bore the treatment very well; except a little headache and palpitation of the heart, there was no inconvenience.

I think I am fully justified in attributing this remarkable result of restitution ad integrum, in such a hopeless case, solely to the rapid and vigorous action of iodoform. The only chance of salvation we had was to introduce into the system rapidly such large quantities of a remedy of great absorbent and resolvent powers as to break the acute process of exudative inflammation, and to secure at the same time the absorption of the exudation previously to its having become organized. The acute mercurial treatment, otherwise our last resort in such cases, was contra-indicated, in consequence of the poor general condition of the patient. Iodoform proved to be not only a substitute for mercury, but had this great advantage over it, that it did not exert any of those deleterious influences so much to be dreaded in a case of such utter prostration.

1605 *Arch Street.*

TREATMENT OF GENERAL PROGRESSIVE PARALYSIS (DEMENTIA PARALYTICA).

BY PROF. LUDWIG MEYER,
Of Göttingen.

Translated from the German, for the MEDICAL AND SURGICAL REPORTER, by GUSTAVE LIEBMANN, M.D., of Baltimore, Md.

That disease of the mind generally known by the name of "General Progressive Paralysis" has for more than half a century been pretty accurately investigated, as to its symptoms, and though it is only lately that scientific examination of its underlying pathology promises a satisfactory conclusion, yet one fact seemed from the beginning to be settled with an almost fatal certainty, that is the hopeless end of the disease and its not being amenable to treatment. Those again and again occurring publications about spontaneous recoveries could not, isolated as they were, shake the axiom of the incurability of general progressive paralysis.

My conviction, based upon clinical and pathological investigations, that the disease from the beginning is but a chronic encephalitis, had, some time ago, set me to thinking about the feasibility of making use of an energetic local derivation, as another indication could be named, that the inflammation in the primary stages of the disease is limited to the cortical layer of the convexity, and particularly so of the anterior half of the great hemispheres, and

that the morbid process took its starting point very frequently in the meninges, or was complicated, at least, with meningitis. The conditions, therefore, were, a priori, a great deal more favorable to the derivative method than in analogous affections of the spinal marrow, in whose treatment, even lately, the energetic application of the hot iron has met with favor. Recall to mind the sinews, muscles and ligaments which separate the cauterized integuments from the vertebræ, and how considerable is the distance of the latter from the marrow, whereas the counter irritation established on the anterior part of the head is in the immediate neighborhood of the seat of the affection.

The method of counter-irritation I made use of in all cases, is that of Jacobi, of Liegsburg, in the treatment of those chronic disturbances of the mind which, according to his view, threatened to pass into dementia. But having myself experienced the difficulty of establishing upon the scalp a sufficiently energetic seton, to be kept open for months, I deem a more explicit description of the procedure here not superfluous, inasmuch as I must desire that this treatment of general progressive paralysis be not postponed until the patient's often too long delayed reception into an asylum, but be instituted, as soon as possible, in private practice. The practitioner, on the other hand, has rarely sufficiently skilled assistants at his disposition, and has, for this reason, to give them the most accurate directions, or has frequently to act himself.

The hair should be shaved off from the scalp in the region of the great fontanelle, to the extent of half a hand, and then as much tartar emetic ointment (1 : 4, Germ. Pharm.) be rubbed in the central portion of the shaved surface as would cover a silver dollar. Much depends on the first application being accurate and energetic. A portion of the salve, about as big as a pea, I cause to be rubbed on twice, by means of a firm and smooth pledget of linen, of the size of a finger, and then I cover the reddened surface with a piece of linen saturated with the ointment. The second application, which has to take place twenty-six hours later, ought to be made with the greatest care and precaution, in order to save the already loosened epidermis. Such denudation would cause considerable pain, and beside, would not benefit the procedure any, for this latter's success depends entirely on the feasibility of bringing the scalp, in its greatest possible depth, to swell and gradually to slough. Two applications, as a rule, suffice, but to be cautious it is well to spread, on the third day, a small portion of the ointment (without any further rubbing being done) on the already elevated surface, or if desirable, to leave a piece of linen besmeared with some tartar emetic ointment, on the sore a little while longer. During the third and fourth day the swelling increases, extends to the frontal region, and even to the face, rarely to the occiput and neck. The eruption of pustules under this procedure is not considerable, those which do form being solitary, small, and drying quickly. As soon as the swelling increases, warm poultices should be applied freely. In a few days the integuments are detached by the abundant suppuration, and, as a rule, no further interference is necessary for their entire separation. More resistent adhesions at the edge or in the depth of the sore are removed, either by caustic potass., or by means of scissors. The whole procedure requires, on an average, fourteen days, and leaves a regular, round, deep, and copiously suppurating sore, which, by means of basilic ointment, should be kept open for two or three months. During this whole time, and beyond it, if tolerated well, the patients are put upon iodide potassium, in moderate doses (3·5, 0, aq. dest, 180, 0, a tablespoonful four times a day). The diet, especially during the first weeks of this treatment, ought to be easily digestible but vigorous. Disturbances of digestion, particularly constipation, are not troublesome, and are easily relieved. The patient should be sent into the open air as soon and as often as possible ; should, if his strength allows it, do light work in the garden, but is to be guarded against great warmth. For this reason it is advisable, in summer time, to use the early hours for work, the evening hours for promenading in the open air, but at noon to remain in the room, or at least in the shade. Baths in any form are to be avoided, for they are, under these conditions, only too apt to produce congestions of the head.

The above treatment I have, in the course of about fifteen years, applied on seventeen insane persons suffering from general progressive paralysis. Of this number I exclude two, which have undergone this treatment only about fourteen days, yet I would state that with one of these patients already such a remarkable

improvement has taken place (the intellectual disturbances have decidedly decreased), that I deem, according to my experience of late, a successful result is highly probable; of the remaining fifteen cases eight were cured. One of these, who was taken away too early, has had a relapse lately, after having attended to his official position as a jurist during two years, without any trouble. With a second one I could, three years after his discharge, note entire mental health. With four of my cured cases I am still in communication, and I have found the opportunity (after their dismissal) to convince myself again and again of their satisfactory condition.

These results of my mode of treatment, favorable far beyond my expectation, I am the least willing to consider as constant. For once I am free to say that, in a measure, I share the superstition, that in therapeutics the goblin of accident is wont to play his droll games, to put into the hands of one success after success, whereas another draws but blanks. I was very cautious in the selection of this first series of experiments. The most rigid skeptic might not refuse to admit that what I have attained warrants further trial on a more extended scale, and with that I shall have reached the aim of this publication.

Naturally enough I have, *par excellence*, selected cases of proportionally recent date. But others I have not excluded, in which I had reason to suppose that permanent lesions of the affected brain-portion had not yet taken place. I may be permitted to quote the closing sentences of a treatise on the pathology of this disease,* which lays down this indication much better than I could do. Above all, I particularly lay stress on the fact that the characteristic intellectual, as well as motory disturbances, may be completely developed without any other changes in the brain than the process of inflammation in the blood-vessels, and disturbances of circulation in intimate connection with them. This accords fully with the course of symptoms, especially those of the first stage of the disease. The often surprisingly rapid change of them; the transition from a state of complete dementia into at least an apparently intact activity of reasoning, in the course of a few days, the retrocession of grave disturbances of motility in a still shorter time, point with necessity to a similarly rapid compensation of the morbid processes underlying these changes, which compensation is only conceivable in the slighter disturbances of circulation and nutrition.

* Virchow's Archiv. für Path. Anat., vol. lviii, p. 301.

The histories of cured cases which form the actual basis of the method of treatment recommended by me, I hereby subjoin in a short sketch. It suffices when, from the published facts the correctness of diagnosis and course of disease can be made out. Because of the lack of more accurate notes at present with regard to the case treated in the General Hospital in Hamburg, I only wish to report, that some months after a grave lesion of the head (the patient, a coachman, was struck by one of his horses on the vertex), the characteristic symptoms of the disease (intellectual weakness, mental euphony) made their appearance; that they lasted about a quarter of a year, when the seton was applied, and that after six months more the apparently hopelessly sick man returned to his occupation cured.

Case 2.—N. N., Custom-house officer, age 31, was, in the middle of September, 1869, upon the certificate of Dr. Brandes, of Hanover City, brought to the Insane Asylum at Göttingen, suffering from general progressive paralysis. As a Hanoverian soldier, he had taken part in the campaign of 1865, and in the battle of Langensalza. In the year 1865 he contracted syphilis, and was treated for it in the general hospital of Hanover; later on he had a relapse. Soon after his marriage, in 1867, he was run over by a wagon, and suffered considerable contusion of the occiput. Since then a headache from which he had suffered at times when a child, returned more frequently. In the summer of 1868 he was seized with an apoplectic attack, in consequence of which he could not read or write for four days. In July, 1869, he complained of severe headache; thought himself syphilitic; this melancholy depression increased rapidly; he refused to eat, tore his clothing, would not urinate, tried to tear off his genitals, etc. After calmness had set in a high degree of intellectual weakness could be noticed. Later the excitement increased again; paroxysms of violent mania, of some length, came on, during which he would destroy everything within his grasp, scratch the walls over and besmear them with his fæces. Toward the end of September his speech appeared hesitating, awkward; the tongue was put out with difficulty, showing fibrillary tremor; the pupils different in size, left one larger than right one. At times he showed

himself more intelligent, assisted in the housework. On December 3d inunction with the tartar emetic ointment was commenced, which, on account of repeated resistance, had not a quick enough effect; yet the slough came away on the 14th, and from that time an abundant discharge was kept up by basilicum ointment. Inwardly, iodide of potassium, (4:180) a tablespoonful four times a day. On the 20th, the usually very reticent patient reported that he felt a great deal freer in his head, and was able to make, in a sensible and coherent manner, communications about his taking sick and his former life. From this time on manifest improvement in every direction; already, in the middle of January, not a single symptom of mental disturbance could be distinguished any longer. The nutrition was excellent; patient acted in a free and easy manner; complained but rarely about a slight dullness. At his discharge, on May 15th, 1870, he was sane; pupils alike; yet a slight hesitation in his speech was still present, which, when I saw my patient, two years later, had rather increased. I must mention that the originally beautiful and plain handwriting had, during the sickness, become indistinct and crooked. After recovery he wrote again as well as before.

Case 3.—Mr. B., merchant, age 34, married, father of two living children, was admitted into the Hospital for the Insane, at Göttingen, on April 3d, 1872, after having left the "Insane Department" in the Charité Hospital at Berlin, in which he was, since August 26th, 1871, treated as suffering from general progressive paralysis. In his 25th year he had a chancre, with bubos; secondary symptoms, it appears, did not follow. The mental trouble came on suddenly. After he had, in midsummer, exerted himself mentally and emotionally to a high degree, and after fatigue brought on by traveling, constant sleeplessness with violent congestion of the head set in, which was followed at once by maniacal excitement. He showed flight of ideas, "exaltations of grandeur;" he pretended to be possessor of large manufacturing establishments, to dispose yearly of hundreds of thousands, styled himself Egon, Count of Lichtenstein, etc. Even after re-establishment of quietude, the exaltation of grandeur had lost nothing of its strength; besides this, distinct signs of considerable weak-mindedness presented themselves. Repeatedly apoplectiform and epileptiform attacks, with unconsciousness of several days' duration and high fever (40°) occurred, especially so during January and February of 1872. The speech, as during his last stay at the Charité, was distinctly hesitating, for about six weeks; tongue quivering; pulse weak and small, notwithstanding the good nutrition of the powerful man. The state of health of the patient, even during the same day, showed great fluctuation. On April 5th the application of tartar emetic ointment was ordered; on the 19th a sufficiently large suppurating surface was established, which was kept running by basilicum ointment until the beginning of July. At the end of May occasional dullness of the head, spells of painful head congestion, tremor of the tongue, a slight hesitancy, were yet noticed. The patient was cautiously employed in the open air; after the beginning of July there was an increase of strength and flourishing appearance; no symptom of sickness of any kind. He was discharged cured on August 23d, 1872. For more than four years he has filled the office of bookkeeper in a large machine shop.

Case 4.—Mr. K., merchant, age thirty-one, was, upon the certificate of the Health Commissioners, received into the Institution affected with "exaltation of grandeur." As reported to me he had been examined before by the Superintendent of the lunatic asylum at Hamburg, Dr. Reye, who made the diagnosis of general progressive paralysis. Already, since the beginning of the year, he had called forth general attention by his reckless domineering, sexually shameless behavior, and by his excessive speculations. At Göttingen he showed, besides moderate maniacal excitement, an enormous *exaltation de grandeur;* disposed of millions; wanted to purchase and remodel all railroads and factories. Several letters, which he wrote to his pretended sweetheart, of noble rank, (in reality a woman of the town), showed the formerly elegant handwriting clumsy and unequal. The tongue quivered; no disturbance of speech; considerable intellectual weakness; dullness against painful impressions (needle punctures, electric currents); pupils different in size. On June 1st the seton was applied at the front part of the scalp, and kept open until the middle of August. At the same time iodide of potassium internally (5,0–180,0, a tablespoonful four times a day). On June 20th diminution of exaltation and talkativeness; in general a more reasonable behavior; yet at the beginning of July he still writes letters to his alleged intended. In

August he speaks freely about his morbid ideas, gives up his intended, and shows generally a more modest and sensible conduct. The slight tremor of the tongue and inequality of the pupils disappeared only at the beginning of September; handwriting at discharge, on October 18th, 1872, was plain and handsome. He is superintending his business again, and conducts it in a thorough business-like manner. Since then he has repeatedly consulted me, at one time about a journey to China, which he omitted on my advice.

Case 5.—Dr. H., for eight years a practicing physician, age thirty-four, was received on August 7th, by request of his family. As a very busy country practitioner he had exerted himself during the last years to a great extent; had indulged in books more than was good for him, and had also committed sexual excesses. Since 1873 he felt himself tired out and his head confused, and frequently fell asleep when sitting down in the daytime. This condition, since the Spring of 1874, had given way to an opposite one, to almost complete insomnia, along with great excitement and a craving for alcoholic and sexual debaucheries. Since June he was seized with several incomplete apoplectiform attacks, in which he lost his consciousness each time for about an hour. He became afflicted with forgetfulness, made mistakes in his accounts, and was unable to find the residence of his patients. Since July he considered his sexual functions extinct.

At his reception, moderate maniacal excitement, excessive delusion of greatness; for instance, the Secretary of the Interior had offered him the choice among all positions of honor; he was proprietor of sixteen mills, many foundries; his fortune was footing up to at least two hundred millions of dollars. Difficult, hesitating articulation, occasional stammering, which he detected himself, and caused him to remark that he suffered, probably, from progressive paralysis. The tongue, when being put forward, showed fibrillary quivering. Pupils of different size. On August 8th inunction of the fore part of head with tartar emetic ointment, and simultaneously iodide of potassium (4 : 180, a tablespoonful four times a day). On August 16th separation of the parts, with considerable suppuration; seton discharging up to December, and not closed completely when patient was discharged on December 11th. Almost coincident with the more copious secretion on August 16th, an improvement of the whole condition took place. Not only that greater tranquillity had manifested itself, but he was ashamed of his delusions; his memory gained in strength, and he acknowledged that he felt lighter and more free in his head. At his discharge no more mental deviations could be discerned, except some slight disturbance in articulation, which, even a year later, when I saw the patient again, could still be observed. The past two years Dr. H. is again active as a popular and extremely busy practitioner, enjoying excellent health.

Case 6.—Mr. I., lawyer, aged forty-six, married, father of three children, was received on December 3d, 1874, suffering from general progressive paralysis, according to the certificate of Dr. Brandes. In his younger days he was addicted to drinking and an excessive votary of sexual pleasures; he had, while a student, suffered for a long time from gonorrhœa and syphilis, but had later become well and strong. In the spring of 1874 he was, on account of a melancholy condition (two suicidal attempts), sent to a cold-water establishment, after having been subject for two years to severe headache. In the fall a maniacal exaltation, with the sensation of the greatest well feeling (euphony), extravagance and a braggadocia not peculiar to him, developed themselves. At his reception into the asylum he presents considerable maniacal excitement, walks about a great deal, raps at the doors, smashes windows and attacks the attendants. He would roar at the surrounding persons in a heroic manner; would introduce himself to them as Supreme Judge of the Realm, as President of the Ministry, as the Representative of an old, noble family, with a large estate, most intimately connected with the royal family of Hanover; would distribute salaries or orders; wanted to go with a corps of students, in full corps-dress, to the city of Hanover, in order to fight a duel before the Emperor and King George, etc. The left pupil considerably dilated; slight hesitation in speaking; a shaking on turning around; clumsy gait; insensibility against painful impressions.

Ordered iodide of potassium (5 : 180, a tablespoonful four times a day); inunctions of front part of the head with tartar emetic ointment. On December 15th, copious suppuration. The patient has become calm, he does not express his delusions any more, praises the treatment, and says that he feels free in his

head. At the end of January, 1875, pupils alike; still hesitating in speaking; judgment confused. On February 2d taken away from our hospital and committed to another one. After the final discharge from the latter, the patient had resumed his vocation once more, and conducted it without trouble for over eighteen months, when, for a short time, I understood him to be again deranged.

Case 7.—Mr. H., merchant, aged forty-two, was received suffering from general progressive paralysis, according to the certificate of Dr. Brandes, on May 18th, 1876. Father and sister insane; he himself has for a long time carried on a life of dissipation. The first symptoms of insanity, mania, with "*exaltation de grandeur*," manifested themselves suddenly, toward the end of April. He talked at random, became uncleanly, and showed the above exaltation universally. He is a celebrated physician and scholar, enormously rich, marries two princesses at once, is going to have Jerusalem rebuilt, etc. Pupils alike; of slow reaction; articulation very hesitating; gait clumsy, shaky; almost complete analgesia against painful impressions. On May 22d inunction commenced, and kept up until about the middle of August. Administration of the iodide toward the end of June, on account of bad nutrition, dispensed with. Excitement and uncleanliness made a regular isolation until September necessary. Although the patient, after calmness was re-established, considered the former delusions as nonsense, yet a decided intellectual weakness was still present, also articulation considerably disturbed. The mental well feeling (euphony), alongside of the wretched appearance of the patient, was strange indeed. A decided improvement could b made out about the middle of October. In December the mental defects had disappeared; the movements became safe; disturbance of articulation but slightly noticeable. In February, 1877, the somewhat drawling articulation was the only thing amiss. On April 24th, 1877, Mr. H. was discharged, entirely cured, in an excellent condition, both with regard to nutrition and appearance.

Case 8.—Mr. J., shoemaker, aged thirty-four; received on January 23d, 1877, after having suffered during the summer of 1876, at first from hypochondriac melancholy, and then from maniacal excitement, after having been treated for that in a private asylum. On his former sojourns in large cities, being supplied well with means, he had lived fast, and became infected with syphilis again and again. He manifested considerable intellectual weakness; forgets what just now has been said or read, on dictating word for word. The usually good handwriting had become indistinct, pointed; the gait tottering; speech heavy, often stopping and stammering; the tongue, on being put forward, quivered; left angle of mouth depressed; decided mental euphony, with the appearance of a sufferer. After nutrition and state of health had been improved somewhat, on February 12th the fore part of the head received a rubbing with tartar emetic ointment and iodide potassium (3 : 180, a tablespoonful four times a day). The seton is still open (end of April). Toward the end of February, after the seton had copiously discharged for a few days, a truly surprising improvement was to be noticed. Conduct free; answers given rapidly and correctly; patient remarked a heavy weight had been removed from his head. In spite of the discharge, and the use of the iodide, the nutrition had, toward the middle of March, become excellent. At the end of the month the patient corresponded, in sensibly and correctly written letters, with his father, read newspapers and light literature, and assisted at work. At the end of April there was no more defect in intellect or motility; only the tongue still quivered.

I would add a few epi-critical remarks to these extended histories of disease. It being, as stated above, of the utmost importance to cause a piece of the scalp as deeply and as quickly as possible to slough, it is obvious that the periosteum is co-affected sometimes, and that in consequence of this smaller or larger pieces of the skull exfoliate. I have noticed this process repeatedly, and can testify to its entire harmlessness. Before me lie three such exfoliated pieces, of from three to five lines in diameter, and not inconsiderable in thickness. One belongs to Case number five; the patients from which the two remaining were taken were still alive several years after the procedure. Only with one could it be supposed that the process had extended to the external layer of the dura mater, as it was more adherent to the bone at that point. I observed no other injurious effects. Even the loss of hair, notwithstanding the severe contraction of the cicatrix soon after the healing of the seton, is limited to a very small space, which can easily be concealed by the neighbor-

ing hair. In order to explain in our cases the modus operandi of the seton, it is hardly necessary to resort to the theory of derivative pain, so frequently used in psychiatrical therapeutics. In case of complete success of the operation the pain should last but a few hours, with those patients whose sensitiveness against such procedures is blunted, that is, during the transitory stage between inflammation and suppuration. But I am fully convinced that such a large and active seat of inflammation with such an energetic discharge must stimulate in a high degree the circulation in the blood vessels and lymphatics, removing stagnation and advancing absorption of exudations. In favor of this view, I may adduce the repeatedly mentioned and almost suddenly occurring cessation of the sensation of intracranial pressure, as soon as a copious flow of pus has been established.

In conclusion, I would warn against a too energetic anti-syphilitic treatment of our patients. The importance attributed to syphilis, in an etiological point of view, in relation to general progressive paralysis, in the meritorious work of Heubner on luetic diseases of the brain, has, in not a few cases known to me, caused the application of mercurial inunction and injections of sublimate, etc. The result was invariably an unfavorable one. That a syphilitic history is not prejudicial to my mode of treatment, the majority of the reported cases clearly shows.

Hospital Reports.

COLLEGE OF PHYSICIANS AND SURGEONS, NEW YORK.

CLINICAL LECTURE ON DISEASES OF WOMEN,

BY PROF. T. GAILLARD THOMAS.

Reported by P. Brynberg Porter, M.D.

Epithelioma of Cervix Uteri.

Gentlemen:—Our first case to-day presents several points of great interest. The patient's name is Jane C.; she is a native of Scotland, and is forty-three years of age. She has been married sixteen years, and has had five children, and, possibly, one miscarriage. Her last pregnancy occurred five years ago. I shall now ask your close attention to the history which she gives of herself.

How long have you been sick, Mrs. C.? "A little more than a year." Were you healthy up to that time? "Always." In what way did you suffer at first? "My bowels were very much constipated." Do they still continue so? "I am still very often costive." What other trouble have you had? "Bleeding." Where from? "The womb." Anything else? "Pain in the back." Have you pain anywhere else? "Across my bowels, like labor pains." Do you feel these pains more at any particular time? "They always come on in the afternoon." Never in the morning? "No." Is the pain very violent? "Yes, sometimes." Is it ever so severe that you have to send for the doctor? "Oh yes." Is he able to give you relief? "Yes." Does he ever have to give you morphia? "I think there is some morphia in his prescriptions." He has never injected morphia under the skin? "No." Do you have any other trouble beside this pain which comes on in the afternoon or evening? "My tongue gets coated, and I have a great deal of fever." Anything else? "I have a burning heat in the top of my head." Are you able to walk about with comfort? "Not for the last two or three weeks." Why not? "A pain takes me when I walk, like the feeling of sand on a cut or sore." Where do you have this feeling? "Across the bowels." How is it about your monthly sickness? "I can't be certain when it comes on, on account of the bleeding."

Here, you see, we have a very intelligent history. Putting aside the constipation, which need not concern us, the most prominent symptom is the uterine hemorrhage, which is not merely menorrhagia, but amounts to metrorrhagia. This has been relieved, to a certain extent, by the patient's medical attendant, but is still very troublesome. I will venture to say that when the flow first commenced (as well as for a good while afterward) both she and all her friends supposed it to be due to the change of life; and now the patient informs me that this is really the case. I would, therefore, put you on your guard against ever taking a thing of this kind for granted, but always insist on making a vaginal examination. By making an early examination you can often be of the greatest service to your patient, while if you neglect this, her life may be needlessly sacrificed, or at least shortened to a considerable extent.

On resorting to an examination in the present case, I found, in the first place, that the uterus was in its normal position, but my finger at once detected the diseased condition of the cervix, which I roughly represent for you on the blackboard. The examination gave rise to so free a gush of blood that it was necessary to tampon the vagina in consequence. To one who is accustomed to meeting with the affection which is here present, the diagnosis would already be complete, and such it was to me.

There is only one condition that gives such an impression to the educated finger, and that is carcinoma uteri. That found here is of the superficial variety. Formerly, great stress was laid upon the distinction between epithelioma, such as this, and deep-seated cancer of the uterus. But though the distinctions between

the different varieties may still be of interest to the pathologist, they are all malignant; and it has been found to be of no service to discriminate between them in actual practice. There is scarcely one of the diseases of women, with the exception of uterine fibroid, in regard to which so many mistakes in diagnosis are made as in cancer of the uterus. According to the books, there is apparently no difficulty whatever about the matter; but though it is true that in some cases all the typical symptoms are present, there are a vast number of other instances in which some of the most prominent of them are altogether lacking. For instance, the patient now before us has said nothing whatever about any fetid discharge; and on inquiring particularly as to this point, I find that only very rarely has she noticed anything of this kind. Then, again, there are no deep ulcerations here, such as we would be led to expect from the descriptions of the books. I have seen several cases in consultation with gentlemen of at least as large an experience as my own, which it was necessary to keep under observation for months before we were able to arrive at a positive diagnosis. I recall at this moment the case of a lady in whom I had reason to suspect malignant disease some time ago, but who is now, apparently, entirely well; but I have not as yet informed her friends that she is no longer in danger, for fear that there may be some return of the symptoms.

There is a condition occasionally found in unmarried women, to which Everett Kennedy, of Edinburgh, has given the name of cock'scomb excrescence of the cervix, from which hemorrhage is excited by so slight a cause as the gentle stream of water from a syringe, and which very closely resembles epithelioma. Yet it is entirely unmalignant, and can readily be cured by local applications. It is, however, in my experience, a very rare affection.

Another condition resembling cancer is laceration of the cervix, where the deep indentations, the everted edges of the wound, and the oftentimes offensive leucorrhœal discharge, are not infrequently mistaken for the characteristics of malignant disease. Under this impression a great many needless operations of the greatest severity have been performed.

Still another condition which gives rise to many of the appearances and symptoms of cancer is the retention of some portion of the product of conception, as, for instance, a small piece of the placenta. In such cases the fetor is often so marked that it might very naturally mislead the medical attendant. As this is not a didactic lecture, I cannot pause to mention all the conditions which are liable to be mistaken for carcinoma uteri; but merely refer to a few of the most prominent of them.

Some years ago a woman went the rounds of the different clinics of this city, who had a very fetid discharge from the uterus, and an excoriated condition of the cervix, and who was much exhausted, and presented many of the symptoms of septicæmia. One diagnostician, while making an exploration of the cavity of the uterus with the curette, brought away a small piece of sponge; whereupon he introduced a pair of forceps and withdrew the half of a sponge-tent which had been left in the uterus three years before. While the physician who introduced it was attempting to withdraw the tent, it had broken off, half of it being left *in situ*, and he had not had the moral courage to say so. And so this retained piece of sponge-tent also gave rise to nearly all the symptoms of carcinoma.

Only to-day Professor Clark sent to me a woman who was believed to have fibroids developed about the cervix. I am perfectly certain, however, from the sensation which these growths give to the finger, that they are in reality scirrhous cancer.

In the present case the diagnosis is undoubtedly epithelioma of the cervix. The patient has brought me a note from her medical attendant in Brooklyn, in which he states that the diagnosis of carcinoma uteri has been made, that amputation of the cervix has been advised, and that he now sends her here for operation, as her only chance of life. Such cases as these it is necessary for us to make a matter of conscience. If I advise that amputation shall be performed, the patient will, probably, have it done; and she will, no doubt, abide by my decision, whatever it may be. I will, therefore, tell you upon what I shall base my advice in the case.

Supposing you had a patient suffering from carcinoma of the arm, which not only involved the elbow joint, but also extended more or less above it, and that it was only possible to perform amputation through the middle of the joint. Would there be any object in such an operation? If we know anything at all about malignant disease, it is clear that the result will be almost, if not quite, as rapidly fatal as if no amputation had been undertaken. In cancer of the cervix it is seldom that we can remove the whole mass of diseased tissue. Why is this? In cancer of most portions of the body the part is so exposed that the disease is detected in its very incipient stages, while in cases like this six months or more of the time that is of the most vital importance to the patient are allowed to pass without a physical examination ever being made, while the symptoms noticed are usually referred, in a hap-hazard sort of way, to the "change of life." By the time the real condition of affairs is discovered, the disease has ordinarily made such progress that any amputation of the cervix must necessarily pass through the middle of the affected tissue. The only question of practical importance to be asked here is, then, Has the cancerous growth yet extended beyond the point of vaginal junction? and the examination which I have made renders it necessary for me to say, in reply, that it unquestionably has. In this particular instance the cervix is unusually short, and so the disease has spread beyond the vaginal juncture more rapidly than is ordinarily the case.

Amputation of the cervix is always a serious

operation. Although it is very much less so when performed by the galvano-caustic wire than in any other way, it is still a procedure by no means to be lightly undertaken. If it were done here, the patient would, probably, be somewhat improved for six, eight, or ten months, but she would have undergone the risks always attendant upon a capital operation like this, and would really be no better for it in the end.

What then? Is nothing to be done for the patient? Yes, we can assist and relieve her not a little, and this is mainly to be done by controlling the hemorrhage, which is now keeping up such a drain upon her system. The best means for doing this, in my experience, is the local application of strong mineral acids, and the plan which I would advise is the following: A glass speculum (or Sims' speculum, if the operator is thoroughly accustomed to its use) having been introduced, the diseased surface of the cervix should be carefully cleaned with warm water, and afterward dried with a sponge. The whole surface should next be saturated with chemi cally pure nitric acid, and then a tampon of cotton soaked in glycerine or vaseline inserted. In twenty-four hours the tampon should be removed, and after that, detergent injections, for which carbolized water answers as well as anything else, should be kept up regularly. The application of the acid should be repeated perhaps once a month, or as often as it seemed called for. Under this treatment the patient would undoubtedly grow stronger, the hemorrhage would cease, and the time of the return of the menstrual flow could again be noted. If you had not had much experience with it, you would in all probability feel that you had made an awful error in diagnosis. I use the term awful advisedly, for it certainly is a very serious matter indeed, to make a mistake in a case such as this. I see now before me more than one gentleman whom I have met in consultation in a case of cancer of the uterus, who will bear witness to the fact that I said to them: "Almost surely you will hear that you have made an error of diagnosis, because the patient will get fat and apparently well." Why do patients thus improve? By reason of the treatment which I have just indicated. Therefore, I always make it a point to speak in this way to those whom I meet in consultation in cases such as this.

Allow me now to briefly relate two cases which will come in appropriately in this connection, and which may serve to impress more forcibly upon your minds the points which I am endeavoring to make clear. Some time ago a lady came to me from Texas, with a history of carcinoma, and in a very exhausted condition. Notwithstanding the fact that she had remained in a recumbent position all the way, and had traveled by easy stages, she had been continually losing blood freely, and was constantly obliged to make use, during the journey, of vaginal suppositories of tannin, which her physician had ordered for her. When she arrived here, the vagina was so packed with tannin (which hardens somewhat like plaster-of-Paris) that I could not at all make out the condition of the uterus; but by means of a serrated scoop I gradually scraped out the mass, which was almost of the consistence of celluloid (a substance now used, to a considerable extent, as a substitute for ivory), and then found more extensive malignant disease than is present in the case now before us. While she remained in New York, I pursued the plan of treatment which I have described, and when she returned home, wrote to her physician in Texas, advising him to continue the same. She went away from here eighteen months ago, and then I saw or heard nothing of her until six months since; when she unexpectedly came into my office one day, and asked me if I did not remember her. She had grown so stout that I utterly failed to recognize her; and she had also regained, to a great extent, the beauty which was natural to her before she had become exhausted by the carcinomatous disease. Both she and her husband said they thought I must have made a mistake in my diagnosis; and so I asked them why, if they were of this opinion, they had come back to me. The lady then replied that though she had felt perfectly well since she had left New York, the hemorrhage had never disappeared entirely, but would occasionally return; though it was not free enough to give rise to any unpleasant consequences. I then made an examination, and was astonished to find the condition which I here show you on the blackboard. The malignant disease had continued to extend until it had eaten out almost the entire structure of the uterus, and there was nothing left of the organ but a mere external shell. It was a most extraordinary case, and I have never seen another one like it. The patient's physician had been accustomed to make his applications by means of a Sims speculum, which I had sent him, and the cavity of the uterus thus scooped out had appeared to him through it simply like the elongated vagina. This was very natural under the circumstances, and it was the impression that I myself received when I first commenced the examination. Yet, notwithstanding this very serious condition of affairs, the patient's general health remained unimpaired, because her medical attendant strictly carried out the plan of treatment advised. I have heard from this lady during the past week, and she is still doing remarkably well. But I have no doubt that at no distant day the case will suddenly terminate in fatal peritonitis, due to the giving way of the attenuated uterine walls at some point.

The second case of which I spoke to you is that of a lady whom years ago I knew personally very intimately, and who moved away from New York a considerable time since. When I knew her she had one marked peculiarity, and that was a mortal terror of cancer. Four years ago she came to me from Canada, suffering from what she supposed was undoubtedly cancer of the breast. When I found that it

was a simple phlegmon, and evacuated its contents for her, she was exceedingly relieved, and I heard no more of her until quite recently, when I learned that her medical attendant, though a gentleman of ability and experience, had mistaken the condition following laceration of the cervix for malignant disease of the uterus. The announcement that she was affected with cancer made such a terrible impression upon her that her mind gave way under the apprehension, and four months ago she was committed to an insane asylum. She lost her reason entirely from fright, and nothing else. She has been under the care of one of our best alienists, and has constantly been improving ever since her admission into the institution. Last week I myself had an interview with her, and the only remaining evidence of insanity that I observed was that once she spoke of a tooth, which had lately been troubling her, as if she feared that it might become the seat of carcinomatous disease; showing that her mind was still dwelling upon the same subject. I asked the Superintendent of the asylum if he had ever met with similar cases, and he said that he had seen several, and mentioned particularly that of a young man who became insane through fear that he had an indurated chancre.

Perhaps you may desire to know if, when I find on examination that a patient is affected with cancer of the uterus, I make it a rule to acquaint her with this fact. On this point I am guided entirely by circumstances. If the patient is a stranger, I always wait until I can find some estimate of her character before deciding whether it will be best to tell her the truth or not. Some women it is impossible to deceive, and in the case of others this is useless; but the great mass of women can be deceived, if it is desirable. As a general rule, I may say that I do not tell the patient herself; but I always make it a point to acquaint the relatives with the facts of the case, and then allow the responsibility to remain with them. But, you may say, is it not often necessary, then, to speak untruthfully to the patient? It is not, for the reason that when a woman suspects the presence of cancer, she will seldom press the physician with a point-blank question, because she does not wish her worst fears confirmed. I never knew but the one case in which a female became insane through the fear of cancer; but I have not infrequently seen it almost deprive the patient of reason.

(*To be Continued.*)

Editorial Department

Periscope.

A Means of Lowering the General Temperature.

Mr. Spencer Wells, in his lecture on the diagnosis and treatment of abdominal tumors, states that as a means of lowering temperature in cases when it has risen after ovariotomy, he has tried aconite in small doses, quinine in large doses, salicylic acid in the form of salicylate of soda, in fact, almost every medicine that has been suggested as effecting this purpose, but all these trials have ended in disappointment. He has, however, succeeded distinctly in lowering temperature and in keeping it low by the application of ice or iced water to the head. The first trials were made after a suggestion of Dr. Richardson, by putting an ice-bag round the neck. Dr. Richardson believed that by iceing blood that went through the carotids to the brain, and blood that came back through the jugulars, we should directly lower the temperature of the brain itself; and probably it may have been done experimentally, but in practice it was not found easy to do. It was difficult to keep any kind of cravat or collar that was tried, filled with ice, round the neck of the patient; it slipped off, and the old India-rubber bag or ice helmet, so well-known in lunatic asylums, had to be resorted to. After a time Mr. Thornton combined a particular form of cap which answers the purpose extremely well. A pail of water with a large lump of ice in it is placed above the bed of the patient, and the stream of iced water runs through the cap, which is formed of a coil of India-rubber tubing lined with linen. That is placed upon the patient's head, and it is made of different sizes and shapes to fit the patient; the other extremity of the tube is put into a second pail at the side of the bed, and by this means the head is iced. The effect in lowering temperature is very marked, the thermometer in almost all instances indicating a fall of temperature within an hour. If the temperature be rising it is checked, and if very high it can be lowered, and so time is gained for the recovery of the patient.

Value of Sleep and Rest.

Mr. C. G. Wheelhouse remarked, in his address before the British Medical Association—

Sir James Paget, in his recent charming work, entitled *Clinical Essays and Lectures*, tells us that, in estimating a patient's prospect of recovery after an operation, he finds his "capacity to sleep" one of the best measures of his probable power of endurance; and just as, with the system in general, sleep or rest may be

regarded as the great healing balm of nature, so, in the case of individual organs, may we look upon "physiological rest," when attainable, as one of our greatest aids. Time forbids that I should do more than point at the direction in which, at this moment, I am aiming to lead your thoughts, and I will only, therefore, adduce a single instance in illustration of my meaning.

Take a case of "irritable bladder;" suppose all extraneous causes carefully sought out and removed, and a diagnosis established that the condition is one dependent upon disease inherent in the bladder itself, say, of congestion, of inflammation, or of ulceration; is there any method by which we can place this organ physiologically and mechanically at rest? Its natural work being to retain the urine, it is clear that rest can only be procured by depriving it of its power to do this, for a time at least, by paralyzing its sphincter. In the second volume of the *Lancet* for 1875, at page 765, you will find an interesting paper, by Mr. Teale, on this subject, in which he proposes in such cases, especially in the female, temporarily to paralyze the bladder by forcibly dilating and overstretching the urethra. Sir Henry Thompson, Mr. Teeven, Dr. Otis, and other authorities on such subjects, are all agreed that in attempting to cure such irritability, when the result of stricture, it is necessary very freely to dilate, indeed, to overdilate, the urethra, and thus, as I would put it, to place the bladder for the time being in a condition of comparative rest; and we, *i.e.*, my colleagues and myself, in order to carry this principle to its logical conclusion, in several cases of serious ulceration of the bladder, have gone so far as to operate as if for lithotomy, with a view to procure absolute quietude of that organ for a time, and we have met with encouraging success. The principle is exactly the same as that on which the physician relies when he prescribes prolonged rest and freedom from work for an exhausted brain; and on which we ourselves act when, for the cure of fistula *in ano*, or of ulcer in the rectum, we divide or stretch the sphincter ani.

Arsenical Poisoning in the Arts.

Dr. J. T. Arlidge says, in a recent address—Arsenic, it so happens, forms certain salts of great brilliancy of color, which are comparatively cheap, and therefore much used as colors. The preparation known in trade as emerald-green is the most employed. It affords color for wall papers, artificial flowers, fruits and seeds, and at times, most shamefully, for articles of confectionery; it also is an ingredient in the colored compositions used by printers and lithographers, and gives the gay green hue to the muslin-like material worn by ladies under the name of "tarlatan." The chemical properties of emerald-green are such that it is readily separable from the materials it is attached to, and withal it is soluble. We owe to Dr. Guy the fullest account of this poisonous color; it is to be read in the fifth report of the Medical Officer of the Privy Council, published in 1863.

Arsenic acts as a local irritant to the surface of the body, and when absorbed, gives rise to its characteristic symptoms. But it is remarkable, considering the virulent nature of the poison, that in the industrial processes wherein it is brought into contact with work-people, it is attended by so little harm, as reliable evidence shows it to be; and there is this further singularity about it; that some individuals seem almost insensible to its poisonous effects. Dr. Guy observed this fact, and Mr. Reed, of Poole, in Cornwall, where the arsenical ores are roasted, and the workmen largely exposed to the arsenical dust in the course of collecting it from the wide flues which they enter and clean, kindly informs me that there are individuals among them who "literally wallow in it" and do not suffer at all.

The Percussion of Bones.

The New York *Medical Journal* says that Professor Lücke discusses this subject in the *Centralbl. f. Chir.*, iii, 43. It serves to discover painful places in the bone, and, by the change in the normal percussion tone of the bone, morbid changes in the latter may be recognized. The author has entered more deeply into the latter, and has arrived at the following results: In tubular bones the extremities give a higher tone than the intermediate portion. The corresponding bones of a healthy individual give on both sides a tone of the same elevation. Newly-healed fractures give a deeper tone. The closure of a medullary cavity and the presence of increased bone substance may also be diagnosed by the help of percussion. Diseased articular extremities—chronic central ostitis—give a deeper tone. It was found, on the contrary, in a case of chronic inflammation of the knee, that the diaphysis of the diseased tibia, which was osteoporotic, gave a much higher tone than the healthy tibia. The percussion is made either with the fingers or with the aid of the percussion hammer, and it is always best to hold the limb to be percussed free in the air, so as to avoid the disturbing influence of resonance.

Reviews and Book Notices.

BOOK NOTICES.

The Principles and Practice of Surgery. Being a Treatise on Surgical Diseases and Injuries. By D. Hayes Agnew, M.D., LL.D., Professor of Surgery in the University of Pennsylvania. In two volumes. Vol. i. Philadelphia, J. B. Lippincott & Co., 1878. Royal octavo, pp. 1062. Price, cloth, $7.50; sheep, $8.50.

This book, long delayed by the pressure of

the professional duties of the author, will be greeted with pleasure by all those who desire a practical surgical treatise combined with sufficient theory to render the subjects scientifically and thoroughly understood.

With characteristic modesty the author selects to append to his name only one title, the one which adds most to his honor as a teacher—"Professor of Surgery in the University of Pennsylvania." It is, indeed, as a teacher that his conquests have been made, and in the preface he at once demands consideration to his utterances by his introductory sentence: "For a quarter of a century I have been unceasingly occupied in the study of anatomy and surgery, and during most of that time have been actively engaged as a public instructor, in communicating the great truths of these closely allied branches, in the hospitals of Philadelphia, and in the halls of the University of Pennsylvania, to thousands of young men." Those who have listened to his clear, practical method of adapting the subject to meet their wants, will recognize in these pages many familiar expressions and sentences.

It must prove a satisfaction to Philadelphians to see the surgical heads of her two great medical schools each putting forth a book which will be everywhere acknowledged as a standard authority. The work is issued in Lippincott's best style, with good paper and clear type, and is well indexed. It bears evidence of having been written in hours stolen from the time usually allotted to the repose of body and mind, and after the daily labors of an exacting public and private practice.

The practical character of the author's mind is seen in the opening sentence: "Surgery is both a science and an art, and he who aspires to the possession of its principles, and their successful application, will be confronted at once with a process so universal in its operation, so constantly recurring, that to ignore its diligent study is to enter upon one of the most responsible of the learned professions with the certainty of disaster and defeat. This process is inflammation."

The first chapter, of 150 pages, is then devoted to the consideration of "Inflammation," with its results—suppuration, ulceration and mortification.

This portion of the work evinces much patient study and observation, and the modern theories of the process are fully endorsed. The "Nature of Inflammation," a subject usually beset with many difficulties in the minds of both student and practitioner, is treated in such a manner that no one can fail to obtain from it an intelligent and correct idea of the process—his descriptions of the stages of *determination*, *congestion*, *stagnation*, *passage of vessel contents through the walls*, and *change in the perivascular tissues* being particularly lucid. This portion of the work is well illustrated, several of the cuts being from original work by Dr. Shakspeare, under Professor Agnew's direction. Figure 8 gives one an excellent idea of the stages which occur in the process of "transudation." Figure 10, also, illustrative of the contraction of fibrin, is exceedingly well done.

Our author acknowledges the impossibility of giving a concise definition of "Inflammation," as the term is a generic one, and comprehends several very distinct series of phenomena; yet his summing up, on page 55, cannot fail to strike one as being exceedingly appropriate, when he states that "inflammation is *hypernutrition*, carried on under such an extravagant plenum of supply that the germination and mutation of cell-life are generally too hurried to mature, and are, therefore, unstable and short lived.

Under "Treatment," we find, and justly, that irrigation, both hot and cold, occupies a prominent position. Anodynes, by the mouth, or hypodermically administered, are extolled, and depressants are, as a rule, condemned.

Under the head "Diet," he speaks in the strongest condemnation of the modern plan of stuffing patients with food during the early stages of the inflammatory process. "A sick man, with his system aflame with fever, with headache, dry skin, torpid bowels, scanty urine and a disgust for food, does not want broth or other articles of nourishment." Cold water, barley water, toast water, or milk, will supply all needed food. Later, however, in the stages of depression and of suppuration, a generous diet is insisted upon, but it should be given with the regularity of medicine.

In discussing the "Origin of Pus," on page 93, he sums up by fixing its derivation from both leucocytes and connective tissue corpuscles.

In the "Diagnosis of Abscess," on page 96, the lines are clearly drawn between cysts, aneurisms, tumors, abscesses, etc., and this same accuracy of diagnostic observation is continued throughout the entire volume; in fact, it constitutes one of the chief points of excellence in

the work, showing careful observation and clear judgment. We are glad to see that he magnifies the importance of the exploring needle, that most useful of instruments in all cases of doubt.

On page 107 he justly lauds the Aspirator, yet does not consider it a positively necessary instrument in the opening of cold abscesses, as he shows more simple means. The dangerous symptoms following the emptying of such cavities he regards as being caused by a rapid transudation and an acute inflammatory process set up by the withdrawal of the pressure from within the sac, the patient dying from depletion, "consequent on the loss of liquid albuminates, and the corpuscles of the blood." In order to obviate this, he is inclined, although he confesses his experience has not as yet been sufficiently extensive to warrant a positive assertion, to open these abscesses as soon as they are discovered, notwithstanding all the teachings of venerable practice.

On page 123 Boynton's method of stripping ulcers receives its well-merited praise, as it is one of the most potent of stimulants to indolent surfaces, especially when assisted by the pressure of a well-fitting bandage.

Skin grafting is favorably viewed by our author, and illustrated by Bryant's curious if not commendable experiment of making a black patch upon a white man by placing upon the former grafts obtained from the skin of a negro.

The chapter on inflammation closes with a most complete history of "hospital mortification."

Chapter II is devoted to "Wounds," which are treated of under the heads, of "incised," "lacerated," "contused," "punctured," "poisoned" and "gunshot wounds."

Under "Closure of Vessels," our author records several valuable experiments made, under his direction, by Dr. Mastin, and microscopically examined by Dr. Shakspeare. The crural arteries of dogs were ligated, and thorough examinations made at the end of twenty-four and forty-six hours, and four, eight and twenty days. Both the text and the illustrations are particularly clear at this point.

Torsion and acupressure are described, but do not receive a hearty endorsement.

The animal ligature is decidedly our author's favorite, and he believes that the dangers of softening and untying are more than counterbalanced by its desirability.

He directs, on p. 174, that ligatures be soaked in carbolized oil for a long period of time, and that the ends be left a quarter of an inch in length.

On p. 195 he gives a timely warning against the production of tetanus by careless exposure. "I view with horror," he says, "a surgeon who dresses a healing wound while a draught of cold air is blowing upon it."

Under "Healing of Wounds," p. 204, he gives more original investigation, and shows several microscopical illustrations of the process. He concludes as follows: "After examining this subject with no small degree of care, I reiterate the doctrine which I have taught for several years, that nature follows but one method in the repair of wounds, and that is through cells, intercellular substance and blood vessels; in other words, though granulative tissue, alike present whether the wound be great or small, open or subcutaneous."

All forms of "Poisoned Wounds" are thoroughly discussed, and to "Gunshot Wounds" he devotes twenty-five well written pages. His formulation of conditions requiring amputation (p. 247), will form a conservative and safe guide to the military surgeon. In his comparison of amputation and excision for gunshot injuries he has drawn largely and well from the statistics of the War of the Rebellion, thus giving a proper estimate to the value of American surgery as there set forth.

"Injuries of the Head," forms the subject of chapter III, the wounds of scalp, skull and of brain contents, each receiving special consideration. The diagnostic differences between concussion and compression are drawn as sharply as the conditions permit.

The rules governing the operation of Trephining are carefully prepared, but the cut illustration of the operation is a very poor one; attention to the latter defect, however, is noticed under "errata."

Gunshot wounds of the head, face and neck, with their complications and sequelæ, are carefully discussed.

Chapter IV is occupied with the consideration of "Injuries of the Chest and Abdomen." In hemorrhage from the intercostal arteries, the author's needle and compressor seems to us to be efficient and practical. We are glad to see that he extols the operation of making a free opening and introducing a drainage tube into the chest when empyema exists.

Many curious cases of heart wounds are

noticed, and Robert's table of cases of paracentesis pericardii, is published, with the favorable comment that these statistics yield forty-six per cent. of recoveries. Penetrating wounds of the abdomen, that most difficult class of cases to treat, are considered, and the prognosis made very guardedly.

Chapter v takes up the "Injuries of the Upper Extremities." In the surgery of the hand, his plain, practical dealing with such injuries, being in conformity with his usual bent of mind, is worthy of especial commendation. He never sacrifices any portion of this most useful member, unless it is absolutely necessary, since the abundance of blood-vessel supply, and the ease with which irrigation can be applied, renders the saving of even badly lacerated portions quite hopeful. In wounds of the palmar arch he adopts the plan of cutting down and tying both bleeding ends.

Chapter vi, "Diseases of the Abdomen," follows, the most valuable article being the one upon "Intestinal Obstruction," with a description of colotomy and laparotomy. The affections of the anus and rectum are very fully considered. For pruritus ani he highly recommends burnt sulphate of zinc and alum as an injection, an old remedy, but a good one. Fissure of the anus, that disease so frequently confounded with piles, and wrongly treated, is clearly defined by the author, and its great influence upon the health and mental condition of the patient properly credited. His discussion of the treatment of hemorrhoids is full and practical.

The fifty pages given to the subject of "Hernia" are full of sound teaching, showing accurate anatomical knowledge and good observation. His diagnostic differences between hernia, varicocele, hydrocele, sarcocele, hæmatocele, undescended testicle, and abscess, are good.

Chapter vii is given to the discussion of "Diseases and Injuries of the Blood vessels." Alcohol is looked upon as being more actively concerned in bringing about atheroma than all other causes combined, page 535.

It would be impossible, in the short space of this review, to enter into the merits of the hundred pages given to the subject of aneurism; but again we find, on page 548, one of the strong points of this work presenting itself, namely, diagnosis.

The anatomical, statistical and tabular information in Chapter viii, "Ligation of Arteries," etc., is complete and reliable.

"Surgical Dressings" is the subject of Chapter ix. We turn at once to Chapter x, and for the next three hundred pages find plain, practical mechanical suggestions and teachings upon the important subject of "fractures." Our author is undoubtedly a skillful manipulator in the treatment of a broken bone, and we think that he has infused sufficient of his tact into these pages to render the careful reader thoroughly competent to manage almost any case that may come into his hands. We can give no synopsis; it must be read to be appreciated. We are glad to see that "immovable dressings" are endorsed. "Ununited Fractures" receives very full notice, the tables prepared by Dr. F. Muhlenberg showing great research, and giving much valuable information. Another large table, p. 815 (the largest collection ever made), comprises all the fractures treated in the Pennsylvania Hospital from 1830 to 1874, being 8667 in number, the relative proportion of different regions being as follows: lower extremity, 45 per cent.; upper extremity, 44 per cent.; head, 6 per cent.; trunk, 5 per cent. Full statistics are given in regard to bone, form, position, age, sex, side of body, result, amputation, deaths, and occupation.

Fractures of the thigh, of course, receive large attention, but too many useless forms of apparatus are shown. The same mistake is made in the discussion of the treatment of fractures of the patella. His remarks concerning compound fractures of the leg, on p. 997, are timely and well chosen.

The volume closes with "Diseases of the Bones," necrosis, sclerosis, rachitis, osteomalacia, fragilitas, etc.

We can only say, in conclusion, that in spite of its defects, which are acknowledged by the author, it is destined to be found upon the shelves of every practitioner who desires a safe, sure and conscientious guide in the treatment of his surgical cases. We regret that the author has not drawn even more largely upon his rich store of personal experience.

We are glad to record that the book is profusely illustrated, many of the cuts being from original specimens. In amount, they far exceed those of any other surgical treatise, being nearly nine hundred in number.

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WHY THERAPEUTICS IS OF SO LITTLE ACCOUNT.

That earnest thinker, Dr. BENJAMIN W. RICHARDSON, has been giving, this summer, in Glasgow, some lectures on "The Positive in Remedial Art." He begins somewhat after the style of the Irish Naturalist, who headed his chapter, "The Snakes of Ireland," and followed it with the words, "There are no snakes in Ireland," by showing that there is at present nothing positive in remedies. To illustrate it, he tells the following true story:—

"A leading provincial physician brought to London a sick man, for consultation. It had been arranged that six physicians should see the sick man independently of each other, and should diagnose and prescribe independently. The case was a clear one, and comparatively simple. In diagnosis there was, practically, no real difference of opinion; there was no difference as to the actual character of the disease, and but trifling difference in respect to the extent of the disease. There was no essential difference as to the prognosis; not one of the physicians consulted would have admitted the life of the sick man at an insurance board, and not one proved to be many weeks wrong in estimating the duration of his life. There was a concensus of opinion as to the general mode of life which the patient ought to pursue; and one hand might have drawn out all the reports that were presented on the disease in its pathological aspects. Altogether, in fact, the six minds were as one mind until the all-important subject of use of remedies came into question. To say that now there were not two minds alike is to tell but half the story. The fact is, that the prescriptions written were as opposed the one to the other as any kind of opposition could possibly be. If the six prescriptions had been placed in the hands of a physician who knew nothing of the facts of the case, he could not from them have made a guess as to the precise nature of the case. One prescription suggested a mere placebo; a second, what some would call a nervine tonic; a third, an alterative medicine; a fourth, a warm stomachic mixture; a fifth, cod-liver oil and iron; the sixth, an antiphlogistic, with a counter-irritant."

This utter bewilderment in therapeutics may again be illustrated, from another nationality, by the plans of treatment recommended in the *Encyclopædia of Medicine*, edited by ZIEMSSEN, and lately scattered so widely over this country. The therapeutics of this work is of the crudest and most unreliable character, the outcome of theories and hypotheses about dis-

ease which are far from proved. This has been repeatedly stated by American and English critics. Thus, the *Lancet* says (April 13th, 1878,) of the work—

"The characteristic of the line of treatment is the adoption of a rational system of therapeutics and neglect of mere empirical methods. But the rational is pushed to an extreme which, in some places, verges on the impracticable, and the empirical is sometimes unduly discredited."

Prof. J. Lewis Smith, six months before (*American Journal of Science*, October, 1877), in speaking of the treatment of diphtheria, remarked—

"These volumes occupied the centres of our private libraries, and were pointed out as the means which would be likely to elevate the profession of the country to a higher standard of medical knowledge. The treatise on diphtheria contained in this Cyclopædia, the longest and most minute of any in the English language, was eagerly sought for and read, and an immense amount of harm done."

Another independent thinker, Dr. J. R. Black, writes: (Cincinnati *Lancet and Clinic*, August 24th, 1878)—

"That therapeutical improvement moves very slowly, any one can readily see by examining almost any of the leading articles of Ziemssen's Cyclopedia. The wealth of description as to all the phases of morbid action, the thorough analysis of its pathology and pathogeny, involuntarily lead one to think such a masterly grasp of disease must certainly be able to give us something new and better as to its cure—the great goal of all our work. Keen disappointment first, then a thought akin to contempt at such barren and impractical learning, arise in the mind."

There seems little doubt but that in regard to the all-important matter of the *treatment of disease*, this elaborate production of the German mind is frequently valueless and sometimes dangerous.

This is a most disappointing conclusion, and it is worth the intensest thought to discover why these laborers have failed so completely.

We submit that nearly all of this failure can be traced to one or the other of three sources.

1. *A Theory of Disease.* The writer makes up his mind that the disease has a particular etiology; that it is owing to bacteria, or sepsis, or algous growths, or what not, and treats it accordingly, on the principle *tollere causam.*

2. *A Theory of Drugs.* Experiments on healthy subjects and lower animals have given him a knowledge of what is called "the physiological action of drugs," and on this he bases his treatment.

3. *The Belief in the Uniformity of Disease.* There is no greater fallacy than the notion that the most successful treatment of a disease in one locality, will also be the most successful in another. "Time, clime and circumstances" make vast differences in the same complaint. "*Cœlum et animum mutant, qui trans mare currunt*" may be said of diseases. The treatment must differ, to correspond. Even intermittent fever varies vastly in its response to cinchona alkaloids in different regions. What our grandfathers called croup and "typhous" do not correspond in character, nor did they answer to the same remedies as the diseases we know by those names. As is well remarked by one of those German writers we were referring to, "Diseases differ in extent and character at different periods, as they do in different places. Experience teaches this, and the more fully we recognize it, the better will it be for the art of medicine." (Dr. Eugen Kommerell, in *Deutches Archive für Klinische Medicin*, Aug. 1878.)

These are the three fatal proclivities to avoid. Let us not seek to study out plans of curing disease in the laboratory, nor in the library, but by the bedside. Nor let us accept as applicable to the patients we have the plans extolled by writers in Paris or Peru; but rather, by close and intelligent observation, by the employment of that "empiricism, guided by the methods of reason," which Bacon recommends, let each of us discover for himself the modes of procedure adapted to the place and period of activity.

When we shall have done all this, we have still to look sharply that our drugs are what they profess to be; for it is an open secret that adulteration and sophistication are sadly common in the drug market, and the most skillful therapeutist will fail when he is deceived in this respect.

Notes and Comments.

The Thermal Death Point of Septic Organisms.

Some very careful experiments on this subject have lately been rehearsed to the Royal Society by the Rev. W. N. Dallinger. He found septic organisms living after exposure to a heat of 250° Fah. He proceeds in his narrative:—

I followed this with four more experiments, separately and successively made. Two of them were at a temperature of 248°, and two at 252° F. In both of the former, at the end of nine or ten hours, the complete organism in full vigor could be seen; and in one of the cases it was discovered in the still condition shown at Fig. 20, Plate 2, and watched until the organisms had attained the condition indicated in Fig. 24, Plate 2.

But in the two latter instances (heated up to 252°) the living form did not reappear during the six days following, although repeatedly looked for.

I concluded, therefore, that the temperature of 250° F. was the limit of endurance which the spore of this form could bear by this method of heating.

Boiling water, therefore, would not destroy these germs.

Location of the Special Senses in Insects.

The eminent French naturalist, Père Montrousier, details the following experiment that he has made. He immersed a long-snouted weevil so as to cover it, all but the tip of the antennæ, with a coating of wax. On presenting to it oil of turpentine it became violently excited and endeavored to escape. Another now had the tips of its antennæ only coated with the wax, and neither turpentine nor any other strong smelling substance at all affected it. He places the faculty of the "perception of sound" equally in the antennæ.

After-Treatment of Tracheotomy Cases.

Dr. Vogt, quoted in the *Medical Press and Circular*, proceeding from the fact that with the present methods of treating tracheal croup most children perish, even after operation, from continued formation of the membrane, suggests glycerin as a means of hindering the formation. It is known that when this substance is applied to the mucous membrane a profuse watery serous secretion is excited; and this is relied upon by Dr. Vogt to remove or prevent the adhesion of the false membrane. In the case of a little six-year-old girl treated in this way a cure resulted. Glycerin mixed with an equal quantity of water was inhaled, by means of an inhalation apparatus connected with the tracheal tube, every half-hour. Dr. Vogt has also used this treatment in recent cases of croup, where tracheotomy has been thought unnecessary or unadvisable. Disinfection of the original patch in the pharynx by means of chlorine or bromine water preceded the use of inhalation.

Strychnia in Nocturnal Enuresis.

Dr. Kelp, according to the *Medical Times and Gazette*, has obtained success in obstinate cases of this troublesome affection by the hypodermic injection of the nitrate of strychnia. He inserts in the vicinity of the rectum a single very small dose, sufficing to arrest the malady for a time. When it returns, the injection is to be repeated. His last case was a woman, aged eighteen, previously in excellent health, who had suffered from enuresis during several months, consecutive to scarlatina. The first injection procured her a respite for several nights, after which the treatment was repeated, and the cure became complete.

The Cause of Goitre.

In spite of the marked local character of goitre, its cause remains quite undetected. Some recent theories are mentioned in Dr. Dobell's Reports. Thus Dr. J. Dudgeon writes that, in China, goitre is frequently found in the absence of the supposed ordinary producing causes. M. Nivet says not only that, in the Puy-de-Dome, bronchocele is rife in certain districts the substratum of which is neither calcic nor magnesic, but also that, in some localities the subsoil of which is magnesio-calcareous, this disease is almost unknown. Without absolutely denying the influence of a magnesic or calcic soil upon the development of goitre, M. Nivet believes that this affection results from the conjunction of various causes, such as low and damp localities, and possibly some rheumatic affection of the vaso-motor nerves of the thyroid gland. Dr. Braxton Hicks supposes both exophthalmic and single goitre to be the results of local congestions. The tendency to local congestions being greater in women, this circumstance accounts for the greater frequency of both these affections in the female. Lastly, Professor Klebs con-

siders the *navicula* developed in drinking-water the only cause of the disease in Salzburg, in which city dogs often have goitre.

Gnoscopine, a New Alkaloid of Opium.

The well-known English chemists, T. and H. Smith, announce the discovery by them of a hitherto unknown alkaloid of opium, which they have named gnoscopine. This new principle is characterized by forming readily crystallizable salts, which have an acid reaction. That its salts possess this reaction, as also the fact that gnoscopine is quite insoluble in water, marks its strong resemblance to the papaverine group. Hence, also, it is easily separated from narceine, which is moderately soluble in boiling water, and freely so in alkalies. Gnoscopine, when pure, is in the form of long, thin white needles, having a wooly character when dried. It is soluble in 1500 parts of cold water, and melts at 233° C.

Parental Resemblances and Preferences.

Dr. G. Gregory writes to the *British Medical Journal* :—

For several years I have noticed, in hundreds of instances, that the first-born son frequently resembles, in facial appearance, his mother, or one of her ancestors, most frequently her father. The first-born daughter, in about six out of every seven cases, partakes of her father's likeness, or of his mother's features. When parents have four or five children, the children which follow are most frequently compounds of both parents in personal appearance. A large majority of women have a greater affection for their first-born son than for any other child, sometimes than for all their children. Mothers seldom readily confess this ; but, if asked in a confidential sympathetic tone, as though there was nothing improper in having a favorite child, they will generally admit as much as warrants the conclusion to which I have come.

Gastric Ulcer Simulating Poisoning.

For a long time the French believed that Napoleon was poisoned at St. Helena, in spite of the autopsy showing gastric ulceration. More lately, M. Littré has maintained that the alleged poisoning of Henrietta, of England, Duchess of Orleans, was really nothing else than perforation of the stomach from a simple ulcer, all the symptoms of which she had experienced for some time. M. Grasset (of Montpellier) relates a similar case. A young man, twenty years of age, robust, and always in very good health, was attacked by severe colic after a walk of eleven kilomètres (more than twenty miles), and a hurried breakfast, and died in twenty-four hours. His family thought that he had been poisoned, and caused a necropsy to be made, when an ulcer of the stomach was demonstrated, which remained latent till just before his death, and then produced perforation, followed by acute peritonitis. The legal physician, therefore, should not lose sight of the fact that the absence of pathological antecedents and perfect external health do not exclude the idea of chronic ulcer of the stomach and spontaneous perforation of that organ.

Correspondence.

Artificial Respiration.

Ed. Med. and Surg. Reporter :—

In the absence of myself and partner, Dr. Whitley, an earnest message came, Friday, P.M., December 21st, 1877, to call at the residence of Mrs. S., an American, about forty-two years of age. On returning, Dr. W. answered the summons, but found Dr. M. in attendance. The latter had just administered morph. sulph., for nervous excitation, in part the result of some family trouble, therefore the case was left in charge of Dr. M.

In about an hour Dr. W. was re-summoned. Returning, he found the patient cold, comatose, unable to swallow, and apparently dying. She drew her last gasping breath as he re-entered her room. Artificial respiration was at once resorted to. A subcutaneous injection of atropia sulph. was administered, cold applied to the head, and heat, stimulants and friction to the body and extremities. I was then called in consultation.

The atropia was repeated, and the general treatment continued. In about an hour the pupils began to dilate, and the body to regain slight warmth ; yet no other signs of returning life appeared. There was no pulse at the wrist ; and if artificial respiration was momentarily suspended, the heart's tremulous motion ceased. Much of the time the tongue was drawn forward and held ; otherwise no air could be forced into the lungs.

This treatment was energetically continued, with alternating hopes and fears, about seven hours. Feeble, unaided respiration was then resumed, and maintained about half an hour. It then ceased, and artificial was again resorted to. After about the same length of time she again began "to spin the brittle thread of life," and was able to swallow.

Partial consciousness returned Saturday morn-

ing, and hopes of recovery were entertained during the day, and a portion of the following. In defiance of precautionary efforts, however, pneumonic congestion came on Sunday afternoon, the patient relapsed into a profound coma, and died Monday evening, about seventy hours after taking the morphia.

The remarkable features in this case were the length of time during which artificial respiration was maintained, and the small amount of morphia, just one-sixth of a grain, alleged to have been given. The patient was previously healthy.

S. B. Chase, M.D.

Osage, Iowa.

News and Miscellany.

The Illinois State Board of Health Attacking Quackery.

In Chicago, in October, Judge Williams rendered a decision, in the case of Aikin vs. The State Board of Health. The complainant belongs to a class known as "advertising doctors," and held a certificate granted by the State Board, which permitted him to practice, and placed him on the list of the recognized physicians of the State. Recently he was warned that unless he desisted in his method of bringing himself before the public, his license would be revoked. The complainant then commenced the present suit, asking for an injunction, restraining the board from taking any action of the character, setting up that the board had no authority under the statutes, and that his course had not been unprofessional in any sense. An effort was also made to show that the law under which the board came into existence was unconstitutional.

The advertisements of Aikin professed his ability to cure all manner of diseases, and a number of reputable physicians were brought into court to testify that in a great many instances they were false, and liable to mislead ignorant people. As it was this class to protect which the State law was especially framed, it was held that the board had a right to discipline any member of the profession, and to decide what was unprofessional conduct in one of their calling. The court held that a board of this character must necessarily be vested with large discretionary power, and in the proper exercise of it should not be controlled by individual tribunals. It had, therefore, a right, in considering the sanitary conditions of the people, to decide what was "unprofessional," and what was not. In this sense a physician may be guilty of unprofessional conduct, and not criminal. Independent of the right of the board to exercise its authority without the intervention of the courts, it had been shown that the complainant had made statements in his advertisements which had been considered by a number of eminent practitioners as false as well as disreputable.

In discussing the constitutionality of the statute, the court spoke at considerable length, and said that the right to practice medicine was not descendable from its possessor to his heir, and may be lost by misconduct or immorality on the part of the practitioner. (12 Miss. 270; 5 Ohio, 22; 50 Ala., 486.) As the right to practice is a mere statutory privilege, there is no reason why it should not be denied to one man and extended to another in the discretion of the legislature. (See 12 District 17 Cal., 547; 22 Cal., 321.) The prayer for the injunction was therefore denied.

The Texas "Screw Worm."

The following extract is from the *Intelligencer*, of Dallas, Texas. We should be glad to have further particulars of such cases from readers in that State.

Samuel Myers is now lying bed-fast at his home in this place, afflicted with that terrible malady, the screw worm. It appears that Mr. Myers has been sick, of late, with fever, and that on Monday last, while resting in bed, one of the flies alighted near his nostrils, where there were some few drops of blood. It requires but a few moments for one of these flies to deposit hundreds of eggs, which are hatched and grown inside of an hour, many of them as much as one-half an inch in length. Mr. Myers, upon awakening, felt a slight tickling in the nose, and it was not until his eyes and face had become fearfully swollen, that the physician discovered the presence of the worms. The only known remedy was applied—calomel and carbolic acid—by injection into the nostrils. At first a few would drop their hold and force themselves out. Application after application was made with like results up to last night, at which time 152 was the number passed. The patient is in a critical condition, with but slight hopes of his recovery. The fly is much dreaded by our stock men, and is represented as a dark-colored and fuzzy insect, which generally attacks cattle or any other animal that is unfortunate enough to have blood upon which they can alight.

Absinthe Tippling.

The researches of Dr. Ernest Magnan have abundantly proved the peculiarly poisonous nature of the liqueur called absinthe. But his warnings have little influence on his fellow citizens, if we may judge from the following extract from a recent Paris letter:—

"The quantity of absinthe consumed is astonishing, for as you pass the cafés, you see the tall glasses of greenish white liquid on every other table. From what we read at home of the wickedness of it, and the dreadful effects of absinthe, one would expect them to retire behind a latticed door to take it, and not flaunt their indulgence on the curbstones. The women drink it, too, and it is quite common, in passing, to see a sedate couple sitting down to a social absinthe."

We may add that absinthe is largely sold in

Philadelphia, at ten cents a glass, and probably contains more poison for the money than a man can buy in any other shape.

The Trommer Extract of Malt.

From further use of this preparation we are more and more impressed with its excellence as a nutritive agent. In some cases where cod-liver oil is indicated, but is very repugnant to the patient, we have substituted the malt extract with very satisfactory results. Most persons take it without objection, and it assimilates readily. There are many conditions in infancy, old age, and debility, where a physician, once familiar with the value of the extract, would be at a loss to suggest anything to replace it.

Items.

—The *Druggist and Chemist*, of this city, proposes to enter on the new year with increased size of pages and other improvements.

—In a discussion on cremation at a London club, a member is credited with the argument, "We earn our living, why should we not urn our dead?"

—A laboratory has been attached to the Prefecture of Police, at Paris, for the purpose of testing wine, brandy, beer, etc., offered for sale.

—The last miracle heard from was down in North Carolina. There is a miraculous well there, and a negro bathing in it was turned white. The Cincinnati *Inquirer* is our authority (at second hand). We think it must have been a "cracker," who had never washed in his life before, and was amazed to discover the natural color of his skin.

—Prof. J. Gibbons Hunt, M.D., of this city, in a recent lecture, stated that, in his opinion (and he is one of the most experienced microscopists in this country), England, which first introduced cheap instruments, sits at the feet of America in respect to both lenses and mechanical appliances He says it is affectation or stupidity for Americans to send to Europe for microscopes when they can purchase better ones at home.

Personal.

—Many readers will have learned with regret of the death of Dr. Hermann Lebert, of Vevay. It took place on August 1st. He was born in Breslau, and at the time of his death was 66 years of age. From 1852 to 1859 he was professor of Medicine in the University of Zurich, and from 1859 to 1875 held the same chair in the University of Breslau. In 1875 he resigned his professorship, on the score of ill health, and since then has practiced medicine in Vevay. He was the author of several valuable works, and of a highly esteemed paper on Gastric Ulcer, which was presented to the International Medical Congress which met in this city in 1876. The paper was translated and published in its volume of *Transactions*.

—Dr. Alexander Stewart, son of the Director-General of Hospitals in the British Army, died September 28th, in San Francisco. Dr. Stewart entered the British Army, in the Nineteenth Regiment of Foot, in 1853, and served through the Crimean war, in the field; was then promoted to the Royal Artillery, and after the war, having received the medals of the class, was given an honorable position in the East India service. He went thence to Australia, South America, and finally to California. His tastes drew him to military organizations, and he accepted the position of Surgeon on the staff of the First Cavalry Battalion, National Guard of California, to which he was reappointed only a few days before his death.

OBITUARY.

T. C. ROGERS, M.D.

Died, at his residence, Harrington, Delaware, on the 15th of October, 1878, Dr. T. C. Rogers, aged about fifty years. Dr. Rogers was an alumnus of the University of Pennsylvania, class 1855. He practiced his profession with great industry, over a very wide field in Delaware, and across the line into Maryland, for more than twenty years. As is too often the case in our profession, his life's labors have neither profited him nor his family, in a pecuniary point of view. His experience was to have a very extensive and burdensome practice, and very meagre pay.

Dr. Rogers was a regular subscriber to, and an attentive reader of, the MEDICAL AND SURGICAL REPORTER, for more than twenty years. He was a member of his State Medical Society, and of the American Medical Association.

Dr. Rogers was justly regarded by all who knew him as an able and faithful practitioner, and an honest man. His labors, and "life's fitful fever" are now over! That rest and peace, which was all he asked for, may attend his ashes, is the fervent hope of his life-long friend and college-mate.

W. STUMP FORWOOD, M.D.

Darlington, Md., Oct. 21st, 1878.

[We gladly add our testimony to the kindly disposition and high professional character of Dr. Rogers. His death will be regretted by many to whom his services were always ready, without money and without price.—ED. REPORTER.]

MARRIAGES.

CALDWELL—BELDIN.—October 17th, 1878, by the Rev. Dr. G. Morgan Hills, Dr. George W. Caldwell, of Philadelphia, and Lizzie W., daughter of the late Elisha Beldin, of Burlington, N. J.

CROCKER—RUSSELL.—On Tuesday, the 15th instant, by Rev. Edward W. French, D.D., at the residence of the bride's mother, Franklin B. Crocker, M.D., and Martha Russell, daughter of Eliza and the late Richard Russell, all of Jersey City, N. J.

EATON—SOUTHERLAND.—On Saturday, September 28th, at the residence of the bride's parents, Peoria, Ill., by the Rev. J. F. Wood, assisted by the Rev. A. A. Peters, Dr. M. M. Eaton, of this city, and Miss M. E. Southerland.

GRIFFITH—RICHARDS.—On Wednesday, October 9th, 1878, by the Rev. C. F. Turner, William M. Griffith, M.D., and Miss Cecelia S. Richards, both of Philadelphia.

DEATHS.

HUNT.—On Sunday, October 20th, Prof. Franklin W. Hunt, M.D., in his sixty-eighth year, at No. 235 East Fifty-ninth street, New York.

DOCTOR RABUTEAU'S

(Laureate of the Institute of France.)

DRAGEES, ELIXIR & SYRUP

Of Proto-Chloride of Iron.

"The experiments made in the hospitals of Paris have demonstrated that *Dr. Rabuteau's Dragees, Elixir and Syrup* regenerate the red globules of the blood with a rapidity never observed with the use of the other ferruginous preparations. These results have been proved by the various *Compt-Globules.*

"The ferruginous preparations of *Dr. Rabuteau* do not cause any constipation, and are perfectly tolerated by the weakest persons."—*Gazette des Hospitaux.*

Dr. Rabuteau's Elixir is prescribed when some difficulty is experienced in swallowing the Dragees; it is especially adapted to weak persons, whose digestive functions need strengthening or stimulating.

Dr. Rabuteau's Syrup is especially prepared for children, who take it readily, because of its agreeable taste.

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A Combination uniting the properties of ALCOHOL and RAW MEAT. It has been Mr. Ducro's aim in preparing this elixir to present under the form of a pleasant cordial the nutritive and restoring properties of raw meat and the stimulating properties of alcohol. In this he has been eminently successful, judging from the great number of physicians who prescribe and use this food medicine. This preparation, which has been used with great success in the hospitals of Paris since 1868, is adapted to the treatment of all diseases requiring the administration in a small volume of a tonic able to stimulate and support the vital forces, as in *Pulmonary Phthisis, Depression* and *Nervous Debility, Adynamia, Malarial Cachexia,* etc. It is especially adapted for delicate ladies and children, debilitated old people and convalescents.

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TO PHYSICIANS.

THE scarcity and high prices of Cinchona barks and Sulphate of Quinia, and the prospect of only a slight reduction in these prices, makes the present a favorable opportunity of calling the attention of the profession to the *combination of all the bark alkaloids.*

Much attention has been given to this subject in Europe and India.

The growing appreciation by the medical profession of the United States of

CINCHO-QUININE

is due to the fact that it retains the important alkaloids IN COMBINATION, — a combination which in practice is *preferable to perfect isolation or separation* of these alkaloids.

In addition to its superior efficacy as a tonic and anti-periodic, it has the following advantages, which greatly increase its value to physicians : —

1st, *It exerts the full therapeutic influence of* Sulphate of Quinine, *in the same doses*, without oppressing the stomach, creating nausea, or producing cerebral distress, as the Sulphate of Quinine frequently does ; and it produces much less constitutional disturbance.

2d, It has the great advantage of being *nearly tasteless.* The bitter is very slight, and not unpleasant to the most sensitive, delicate woman or child.

3d, It is *less costly :* the price will fluctuate with the rise and fall of barks, but will always be much less than the Sulphate of Quinine.

4th, It meets indications not met by that Salt.

The following well-known Analytical Chemists say : —

"UNIVERSITY OF PENNSYLVANIA, Jan. 22, 1875.
"I have tested CINCHO-QUININE, and have found it to contain *quinine, quinidine, cinchonine, cinchonidine.* F. A. GENTH,
Professor of Chemistry and Mineralogy."

"LABORATORY OF THE UNIVERSITY OF CHICAGO, Feb. 1, 1875.
"I hereby certify that I have made a chemical examination of the contents of a bottle of CINCHO-QUININE ; and by direction I made a qualitative examination for *quinine, quinidine,* and *cinchonine,* and hereby certify that I found these alkaloids in CINCHO-QUININE.
C. GILBERT WHEELER,
Professor of Chemistry."

"I have made a careful analysis of the contents of a bottle of your CINCHO-QUININE, and find it to contain *quinine, quinidine, cinchonine,* and *cinchonidine.*
S. P. SHARPLES, *State Assayer of Mass.*"

TESTIMONIALS.

"WELLFLEET, MASS., Nov. 17, 1876.
"I have used CINCHO-QUININE, and can say without any hesitation it has proved superior to the sulphate of quinine. J. G. JOHNSON, M.D."

"MARTINSBURG, MO., Aug. 15, 1876.
"I use the CINCHO-QUININE altogether among children, preferring it to the sulphate.
DR. E. R. DOUGLASS."

"LIVERPOOL, PENN., June 1, 1876.
"I have used CINCHO-QUININE, obtaining better results than from the sulphate in those cases in which quinine is indicated.
DR. I. C. BARLOTT."

"RENFROW'S STATION, TENN., July 4, 1876.
"I am well pleased with the CINCHO-QUININE, and think it is a better preparation than the sulphate. W. H. HALBERT."

"ST. LOUIS, MO., April, 1875
"I regard it as one of the most valuable additions ever made to our materia medica.
GEORGE C. PITZER, M.D."

"RICHMOND, VA., March 28, 1877.
"I believe that the *combination* of the several cinchona alkaloids is more generally useful in practice than the sulphate of quinine uncombined.
"Yours truly, LANDON B. EDWARDS, M.D.
Member Va. State Board of Health, and Sec'y and Treas. Medical Society of Va."

"CENTREVILLE, MICH.
"I have used several ounces of the CINCHO-QUININE, and have not found it to fail in a single instance. I have used no sulphate of quinine in my practice since I commenced the use of the CINCHO-QUININE, as I prefer it. F. C. BATEMAN, M.D."

"NORTH-EASTERN FREE MEDICAL DISPENSARY, 908 East Cumberland St., Philadelphia, Penn., Feb. 29, 1876.
"In typhoid and typhus fevers I always prescribe the CINCHO-QUININE in conjunction with other appropriate medicines, the result being as favorable as with former cases where the sulphate had been used.
"F. A. GAMAGE, M.D."

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(SUCCESSORS TO JAMES R. NICHOLS & CO.)

BOSTON, MASS.

Smithsonian Institute

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CONTENTS:

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

WOODBURY, FRANK.—Chronic Chloral Poisoning 395
FOX, G. T.—Aural Surgery 397
WOLCOTT, E. B.—Excision of Scapula 399
HAMILTON, GEORGE.—Heated Applications Externally to Arrest Post-partum Hemorrhage .. 400
DAVIS, S. P.—Ovariotomy—Removal—Death 401

HOSPITAL REPORTS.

College of Physicians and Surgeons, New York.—Clinical Lecture on Diseases of Women, by T. Gaillard Thomas.—Laceration of the Cervix The Correct Method of Managing Breech Presentations.—Fungoid Degeneration of the Uterine Mucous Membrane .. 402

MEDICAL SOCIETIES.

Philadelphia County Medical Society.—"Chronic Chloral Poisoning" 405

EDITORIAL DEPARTMENT.

PERISCOPE.

Strychnia or Nux Vomica as a Tonic 406
The Lessening of Pain in Operations 407
The Treatment of Typhoid Fever 407
Treatment of Erysipelas 408
Recent Craniology 408
The Therapeutics of Salicylic Acid 408
Cod-Liver Oil Emulsion 409

REVIEWS AND BOOK NOTICES.

Notes on Current Medical Literature 409

BOOK NOTICES.

Harvey and His Discovery (DaCosta) 409
Transactions of the Pathological Society of Philadelphia 409

EDITORIAL.

THE ORGANIZATION OF LYING-IN HOSPITALS .. 410

NOTES AND COMMENTS.

Effects of an Overdose of Belladonna 411
Dangers of Bromism 411

CORRESPONDENCE.

A Case of Lupoid (Hooper) 412
The Ral Hole at Hot Springs (Compton) 412
The Bite of a Cat (Henning) 412
Altitude of Yellow Fever Epidemics (Phares) 413
The Source of Voluntary Power (Hurd) 413
Treatment of "Bilious" Diseases (Leonard) 413
Does the Use of Quinine Impair the Hearing? (Turnbull) 413

NEWS AND MISCELLANY.

Epidemic Report for the Week Ending November 24, 1878 414
A Prize of $500 414
Mr. George W. Callender, F.R.S. 414
Additional Deaths of Physicians from Yellow Fever 415
Sanitary Reformation in the Campagna 415
Items 415
Mr. Thoms Gives Us Ten Years More 416
Personal 416

QUERIES AND REPLIES.

Gleet 416
MARRIAGES AND DEATHS 416

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MEDICAL AND SURGICAL REPORTER.

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Communications.

CHRONIC CHLORAL POISONING.

Read before the Philadelphia County Medical Society, May 18th, 1878.

BY FRANK WOODBURY, M.D.,
Physician to the German Hospital.

Since 1869, when it was brought to the notice of the profession by Liebreich, chloral rapidly gained general favor. Standing as it does in the front rank of cerebral spinal sedatives, it is now almost universally employed, being, according to Fothergill, in conditions of sleeplessness due to vascular excitement, "the hypnotic *par excellence*," and is "far superior to opium." This and the other advantages of the internal administration of the drug, in acute mania, in convulsions, whether puerperal, hysterical, epileptic, or infantile, and most markedly in tetanus, and in alleviating the paroxysms of hydrophobia, its use in whooping cough and other nervous affections, having been frequently referred to in our discussions, are sufficiently known, and are familiar as household words. I would, however, ask the indulgence of this Society, while I invite its attention to some peculiar effects that have been observed after the long continued administration of this drug, in what has been considered ordinary medicinal doses. From the fact that death has occurred immediately after the administration of single large doses, and a sufficient number of such cases has been recorded to establish this fact, we are justified in making the assertion that chloral hydrate is capable, when introduced into the system, of causing death, as a direct effect of its administration. It is, however, to the effects of chloral short of the fatal result, from doses sufficient to produce decided toxic symptoms without determining the final cessation of the vital functions, that our attention may, perhaps not unprofitably, be directed this evening.

As to the fatal dose, and its relation to the ordinary dose of chloral, there is a wide latitude observed in the experience and opinion of different individuals. Dr. Richardson, of London, says that 180 grains is a fatal dose, and that it would not be safe to give more than 120 grains in 24 hours, as the system cannot decompose, and eliminate more than five or seven grains per hour. On the other hand, in the experience of members of this society, this has been largely exceeded, not only without a bad result, but apparently with great benefit to the patient. And yet Dr. Fuller (*Lancet*, March, 1871) reports a case of death following the administration of 30 grains in a healthy young lady; and Dr. Schwaighofer, of Vienna, records (*Irish Hospital Gazette*, 1873) a similar result from the same dose, in a drunkard. Dr. E. F. Ingalls (Chicago *Medical Journal and Examiner*) reports a case of death in a healthy German woman following the administration of ten grains of the remedy, a similar dose having been administered an hour before without ill effects, and no other medicine having been given.

How can this be reconciled with the fact that more than once, in the treatment of delirium tremens, one full ounce has been given in the twenty-four hours, not only without danger, but with the best results?

Now, in these cases, the fault lies either with the drug or the individual. The statement may

be made that an impure article had been used in the fatal cases, and that some of the secondary products of decomposition, being more noxious than the chloral itself, had caused death. The justice of this observation is acknowledged, and it may be accepted as a sufficient explanation for some of the cases, but others yet remain in which the same article had been given to other patients with only the ordinary effects; and we can safely assume that, as a rule, in practice every ordinary precaution is undoubtedly taken to obtain the medicine in a state of integrity. Moreover, in Europe it has been commonly prescribed in much larger doses, and almost uniformly without bad result. We have all met with patients who cannot take opium. In many cases there is, probably in like manner, a chloral idiosyncrasy, either natural or acquired; the latter class including persons suffering from such disorder of the nervous system, or heart, as renders them peculiarly susceptible to the poisonous action of the drug. Fothergill points out the fact that in an anæmic condition of the nervous centres chloral is contra-indicated; and DaCosta advises caution in its administration, and remarks that "in cases of cardiac debility, and in dilation, or much obstruction of the heart, it is generally contra-indicated" (DaCosta, Clinical Notes on Chloral, *American Journal of Medical Science*, April, 1870).

Without lingering upon this interesting question of the causes of such idiosyncrasy, it will doubtless be conceded that individual peculiarities render certain persons peculiarly susceptible to chloral, so that in a large number of patients we may reasonably expect to find a few in which unusual and alarming symptoms may follow the ordinary dose, as in the cases reported by Dr. Ingalls and Dr. Fuller. This is so well established that Dr. Wood (Therapeutics and Materia Medica, Second edition, Phila., 1877, p. 326) says, "I think the practical deduction from these facts is that twenty grains is the highest safe dose of the remedy, that this dose should not be repeated oftener than once an hour, and after sixty grains has been taken, not for some hours, unless in very urgent cases."

I have been the more particular in establishing the ordinary medical dose of chloral, because in many of the cases reported, where this drug has been given for a length of time, it is merely stated that it was given in the usual dose. I have had under my notice several cases where the effects of chloral in these generally considered safe doses, have been so much liked by the patients, that they continued taking the prescription for months, on their own responsibility. These cases, however, when in the male sex, are so generally associated with an indulgence in alcoholic stimulants, as to render it a matter of uncertainty whether the nervous symptoms were produced by the chloral or the alcohol. In the following case, under the care of Dr. Da Costa, it was clearly shown that delirium tremens was directly produced by the chloral, no alcohol having been taken for several months previously.

Mr. A., thirty-five years of age, American, a man of fortune and indulgent in his habits, had been always a free liver. Without preparation, he was induced to absolutely resign all alcoholic stimulants. Shortly afterward he sought medical advice for sleeplessness and nervousness. He was ordered chloral, and found it very soothing in doses of twenty or thirty grains, at night. Being pleased with the effect of the prescription, he discontinued his visits to Dr. DaCosta, and of his own accord, had the medicine repeatedly renewed, gradually increasing the frequency and the amount of the dose, so that he constantly took from a drachm to a drachm and a half daily. He kept up this practice for several months, all the time being free from medical supervision. Although he was remonstrated with by several members of his family on this new indulgence, he considered the remedy not injurious to him, and as he liked the calming effects from it, he could not be dissuaded from its use. After continuing the chloral thus for a period not far short of four months, he lessened the dose, and then stopped, rather abruptly. The consequence was that his weakened nervous system showed signs of great disturbance and an attack of characteristic delirium tremens supervened, with the wildest fancies and great sleeplessness. The pulse was feeble and moderately accelerated; the first sound of the heart was weak. There was general prostration of the muscular system, and much tendency to sweating. No odor of chloroform was detected in his breath, and of course, no alcohol. He complained of nausea and loss of appetite; his tongue was coated. One of the prominent features in the case was a disposition to leave his bed and walk about the room, while the muscular weakness was strikingly shown in the fact that he was very soon fatigued. However,

it required a man to watch over him constantly, to prevent his leaving the bed and trying to escape from his room. The case perfectly recovered, though slowly, under the use of small doses of morphine, a nourishing diet, and a moderate amount of alcoholic stimulants.

It is not my intention to make any comments upon this interesting case, but simply to present it before the Society in the hope of contrasting it with the experience of others. I may state, however, that a somewhat similar case of delirium tremens has been reported by Dr. Elliot (*Lancet*, 1853, I, 754).

On the other hand, a member of this Society, Dr. Laurence Turnbull, in his recent work on "Anæsthesia,"* reports a case in which he "directed the employment of chloral hydrate in medicinal doses for one year, as a sedative and narcotic, and the only disagreeable result complained of by the patient was that it caused a hot feeling, with free perspiration, as if she were in a hot bath; it was withdrawn at the end of that time without producing the least disturbance of the brain, inflammation of the skin, or loss of memory or intelligence," and he inclines to the opinion that "other causes besides the hydrate of chloral may have produced some of the recorded results."

AURAL SURGERY.

BY G. T. FOX, M.D.,
Of Bath, Pa.

In looking over a pile of old REPORTERS, I came across a communication by Prof. J. J. Chisholm, of Baltimore, which he contributed some years ago, and which I read with a great deal of interest, in which he stated that in former times, when surgery was taught in the best medical schools of the country by one professor, during the few months in which he was expected to teach his class surgery, he considered it waste of time to study the common defects of the eye and ear, when such great operations as the ligation of the iliac or the cutting for stone had to be understood. Much time was absorbed in explaining operations which the young practitioner would, probably, never elsewhere see, while the every day items in surgical practice were ignored. As a professor of surgery, he says, I fell into the error myself, and I know that it is universally done to-day by those who embrace all surgica teaching under one professional chair. When I was a medical student otology was taught in scarcely a medical college in the land, except the University of New York, where Prof. Alfred C. Post embraced it in his course of surgery; but within the past few years much attention has been devoted to this department of pathology, and professorships for specialties have been established in most of the leading medical schools; thus the members of the profession can prepare themselves for the common troubles which affect the individual organs of our bodies.

Every medical practitioner is constantly meeting with cases of disease peculiar to these organs, some of which may be classed among the most formidable affections. In the large cities not a few devote their exclusive attention to the practice of their chosen specialty; still they are unable to treat every case that occurs, and consequently the general practitioner is almost daily encountering cases which demand special treatment. Hence it is important that the general practitioner should be acquainted with the literature of these specialties, and the best means of diagnosis and treatment. It is within the grasp of any physician who will content himself with this knowledge; but unfortunately, from a want of proper appreciation, a large mass of general practitioners know nothing of the rational treatment of aural diseases. Thus many promising cases from which good results might be obtained are never treated; they are, perhaps, diagnosticated, but inasmuch as these physicians "never meddle with the ear," they go down to their fate. In order to treat intelligently any aural disease, we must carefully and thoroughly examine the parts involved, and in making an examination a definite plan should be followed, even in the seemingly simple cases. In a synopsis of the diagnosis of diseases of the ear, we should give, First, a record of the history and general condition of the patient. Second. The hearing power should be tested—we have three tests, the human voice, the tick of a watch, and the tuning fork. Third. An examination of the external ear, auditory canal, and anterior surface of the membrana tympani. For this purpose several instruments are necessary—an angular forceps, an aural speculum, and an otoscope; thus in a few minutes the drum membrane can be examined, which not a few physicians have never seen in the living subject. Fourth. An exami-

* "Advantages and Accidents of Artificial Anæsthesia," by Laurence Turnbull, M. D., Philadelphia, 1877. p. 128.

nation of the pharynx and nares, and mouths of the Eustachian tubes. For this purpose we need a tongue depressor, head mirror, throat mirror, and an anterior nares speculum. Fifth. An investigation of the condition of the Eustachian tubes, and cavity of the tympanum. For this purpose we use the Eustachian catheter, Politzer's bag, Valsalva's method. This comprises the armamentarium of a general practitioner as regards aural surgery.

The diseases of the ear which the practitioner daily encounters, and which present themselves for treatment, may be divided into three classes. First, deafness from inspissated cerumen. Second, deafness inflammatory in character. Third, nerve deafness. Fourth, a variety of deafness might be mentioned which is due to parasitic inflammation of the external auditory canal. The fungus aspergillus is not uncommonly found in the ear, where it produces an inflammation, and it may be mistaken for an eczema, which it may accompany or excite. I have, some years ago, seen a case at the Manhattan Eye and Ear Infirmary, one at the Ear Clinique of Bellevue College, and since, in my own practice. Professor Schwartz, of Halle, was the first one to call the attention of the profession to the fact, and since the publication of Schwartz' cases Dr. Wreden, of St. Petersburg*, Orne Green, of Boston,† Knapp and Roosa, of New York,‡ have reported cases.

I will now describe the plan of treatment in the various forms as they present themselves. It contains nothing startlingly new; I profess simply to give the method of working followed by the various gentlemen whose services it was my pleasure to attend at the Manhattan Eye and Ear Hospital, as well as the result of observations made in my private practice. First, the treatment of deafness from wax impaction: this is exceedingly simple; the hardened wax should be removed by the use of the syringe and warm water. I have never yet found a solvent necessary prior to the use of the syringe. This useless habit of prescribing medicines to be dropped in the ear for loss of hearing, is indulged in quite frequently by members of the profession, but the one thing essential, viz., examination of the auditory canal and membrana tympani, is forgotten. Some three years ago an old gentleman came from a distance to consult me in regard to aural trouble. He gave me a history of his case, and I found he had been seen by a number of physicians, all of whom had prescribed medicine to be dropped in his ear, but none had examined the canal and condition of the drum. One, however, went through a process of probing his ears, to no effect except to hurt the patient. This is a dangerous procedure, unless employed under a good illumination with the otoscope. I had considerable trouble to persuade the old gentleman to submit to an examination; he feared I would treat him in the same manner as had another physician who had probed his ears; he thought nothing was in his ears any more, as the doctor took "lots of stuff" out, and had told him it was all out.

I made an otoscopic examination, and found the ear filled with oils and cerumen, which I removed; the drum membrane was sunken, for which I resorted to Politzer's method of inflating the middle ear and the Eustachian catheter, and soon restored my patient's hearing to normal power. To remove a plug of cerumen, a suitable syringe is necessary; the common glass syringe for aural patients is useless; the rubber bag syringe, Mattson's or Davidson's, does well, but by far the best is the hard rubber syringe, so constructed that it can be worked with one hand; thus the physician can, with his left hand, straighten the auditory canal so that the stream can be directed down to the drum membrane. When the ear is not drawn backward, the stream of water injected strikes the posterior wall about half way down and rebounds, without having approached, by half an inch, the bottom of the passage. After the syringing another inspection with the otoscope is necessary. Thus the physician can make sure whether the plug is removed or not, for the smallest particle left in the drum membrane sometimes keeps up disturbing symptoms. Should the drum membrane be sunken, "as in the case alluded to," the air douche, according to Politzer's method, or the Eustachian catheter, must be resorted to.

Second. The treatment of deafness from inflammation consists in leeching, blisters behind the ears, and the warm douche. If the membrane is ruptured the pus should be removed at least three times a day by careful syringing, at the same time inflating the ear according to Politzer's method. This gives no pain when carefully done, it improves the hearing power,

* Archives für Ohrenheilkunde, B. II, page 7.
† Trans. American Otological Society.
‡ Am. Jour. of Med. Science.

helps to cleanse the ear, and it prevents the formation of adhesions in the tympanum. In some cases syringing will not remove the odor; this may be overcome by the use of antiseptics, carbolic acid, permanganate of potass., or salicylic acid. Astringents should be used after the syringing. Almost all aural surgeons have agreed upon certain astringent substances which are safe. I usually use the sulphate of zinc, two to four grains to the ounce; should the suppuration continue unduly, I use salicylic acid mixed with calcined magnesia, or a strong solution of argentum nitras. The general practitioner sees a great deal of this disease as a sequela of the exanthemata, and it is a mistake to wait the subsidence of the general symptoms before the aural ones are alleviated; in fact, they are as important as the constitutional symptoms; and yet there are medical men who think light of this matter, and advise their patients not to meddle with a discharge from the ear; even go so far, as I have heard myself, when a patient applied for relief, as to tell him that it was dangerous to arrest the discharge. No; this is an erroneous idea, and I do not believe there is a pathological experience on record that will sustain it; but this much I do know, that he who wishes to preserve the integrity of the organ must be prompt, or the drum and ossicles will be swept away, and the patient is liable to all the fearful consequences of the disease. In the worst event of all, the suppuration may extend into the brain and circulation. Two cases occurred in my practice illustrating the casual connection between suppuration in the ear, of old standing, and meningeal and cerebral symptoms, causing death.

Third. Nervous deafness. Unfortunately the treatment of this class of cases is not promising. I have seen at least a dozen cases of profound deafness follow cerebro-spinal meningitis, and there is no doubt in my mind but what this disease leads to labyrinthian trouble by transition of the inflammation; and when the deafness is absolute, we must conclude that the auditory nerve is invaded. The principal remedies that we are taught to place reliance on are leeches, blisters, counter-irritation, potass. iodidi, electricity. In those cases where the deafness is not so profound, the physician can advise his patient to use an ear trumpet. My experience in this class of cases has been limited, and thus far I have seen no improvement in any forms of nerve deafness.

The treatment of parasitic inflammation is simple, yet tedious. It consists in the entire removal of the fungus and its spores; the flakes and epidermis must be removed daily, by the use of the forceps, "the ear being well illuminated" and the syringe; after the syringing, the topical application of argenti nitras in solution, to the canal, or the instillation of alcohol, either diluted with water or in full strength, should be employed several times a day. The ear, should be examined every day, with mirror and speculum, and the treatment modified to the stages of the disease.

In conclusion, I would say that the detection and efficient treatment of these diseases are so simple, that it seems wonderful that it should ever be neglected. These suggestions, which embody the every day experience of general practitioners, are received very slowly by the profession at large, and in reviewing the subject of aural surgery, as rationally practiced, when contrasted with the stereotyped course of treatment as followed by physicians, many deductions may be drawn; we not only find much to learn but much to unlearn. I myself am a country practitioner, and have not attained, neither can I expect, the amount of operative success of those who practice this branch exclusively. Yet I have the almost daily gratification to see some living and enduring evidence that my labors in this branch of surgery have not been in vain; and the surest way of gaining that end is by studying and paying due respect to, but not following blindly and invariably the rules, methods and precepts of the acknowledged "lights" in aural surgery. Step by step their course must be followed, and conscientiously carried out each day, to the end.

If my hasty and imperfect review, which I have endeavored to condense in a few short pages, should startle some mind hitherto inattentive on this subject into a realization of its importance, I shall have accomplished my object.

EXCISION OF SCAPULA.

BY E. B. WOLCOTT, M. D.,
Of Milwaukee, Wis.

A tumor of two years' growth, involving the right scapula of a gentleman fifty-five years of age, came under my observation some time in February last, which I diagnosed osteo-sarcoma, and advised an early operation for its removal.

It had attained a large size, was rapidly approaching the shoulder joint, and already seriously impeded its movements. After examination by several of the most eminent surgeons of the country, including those of Philadelphia and New York, all of whom confirmed both diagnosis and proposed treatment, a suitable place being secured, and very complete arrangements having been made, the operation was performed in the afternoon of April 23d, as follows: Five physicians, in capacity of assistants, were present, each having specific duties to perform; one to compress the subclavian artery as it passes over the first rib, with an instrument I had prepared; another, with a finger on the pulse at the wrist, to see that it was complete; another to administer the anæsthetic, *chloroform*, and the other two with hands at liberty to give any assistance required A curvilinear incision, beginning at the lower angle of the scapula and tumor, following along the posterior border to the superior angle of the scapula, thence along the superior costa, crossing the spine at its termination in the acromion process. This flap was next raised from the tumor and reflected over the arm, out of the way. The muscular and all other structures confining the mass, were now detached. I found the acromion process and one-third of the spine supporting it sound. I, therefore, passed a chain saw under the spine and cut through it, close to its articulation with the clavicle. I then removed a V-shaped piece from the spine with bone forceps, which favored the elevation of the tumor and gave easier access to parts beneath. All being now detached, to the neck, which I also found sound, I passed under it the chain saw, bringing it through the notch in the superior costa, ran it through the neck, leaving the glenoid cavity and coracoid process intact, joint undisturbed. The mass was then removed. But two arteries required tying, and when bleeding entirely ceased not over four ounces of blood had been lost. The flap of skin was now brought back and secured accurately in place by fourteen interrupted sutures of *silk*. With a large sponge the surfaces were now brought together, and all air and bloody serum thoroughly pressed out. A dressing of cotton batting, graduated so as to press on all sides and bottom of the concave as near equally as possible, secured by a suitable bandage, ended the operation.

The patient was now placed in bed, and half a grain of morphia administered. A quiet, comfortable night followed. Thirty-eight hours after the operation he left the bed, sat in a chair and walked around the room before lying down. From that time on, his daily walks increased through the house, and within a week he sat and walked in the balcony in front of the house. Six days after the operation the dressings were removed for the first time. Union by first intention had taken place throughout the entire extent of the wound. Stitches were removed and dressing reapplied as before. On the twelfth day he took a half-mile walk in the open air, and on the eighteenth day he attended a sheriff's sale, five miles from his residence. Within four weeks he commenced attending to his business in his office, two and a half miles from his residence.

A few facts connected with this operation make me think it worth reporting. If heretofore, in similar operations, the subclavian artery has been compressed on the first rib, thereby absolutely controlling the hemorrhage, I am not aware of it. Again, it will be observed that no antiseptic, either during the operation or subsequent thereto, was used, and yet union by first intention was perfect. Again, not a particle of medicine prior to it, by way of preparation, or subsequent to the operation, was used, yet during the first twenty days he gained ten pounds in weight.

I mention these facts in justification and illustration of the "vis medicatrix naturæ," which idea in these latter days has become almost obsolete, the surgeon, in many instances, claiming what clearly belongs to the healing powers of nature

The main mass of the tumor was enchondroma; the lower one-third of the scapula was much enlarged and clearly osteo-sarcoma. The whole mass excised weighed four pounds.

HEATED APPLICATIONS EXTERNALLY TO ARREST POST-PARTUM HEMORRHAGE.

BY GEORGE HAMILTON, M.D,
Of Philadelphia, Pa.

One of the most important papers presented for the consideration of the American Gynecological Society, during its late session in this city, was that by Professor Penrose, of the University of Pennsylvania, upon Post-partum Hemorrhage. Important, because of its danger

and the frequency of its occurrence, and on this account interesting to the obstetric practitioner beyond any other condition except, perhaps, that of puerperal inflammation. Among the various remedial measures adduced for the arrest of hemorrhage in the case alluded to, was the recently proposed injection, per vaginam, of hot water or other heated liquids. Since the delivery of this lecture an extract has appeared in the Medical and Surgical Reporter, from remarks upon the subject by Dr. Norman Kerr, of the British Medical Association, in which the application of heat, externally, is recommended, especially when collapse is imminent from excessive loss of blood. This is the first official proposition of the kind that has fallen under my observation; yet, more than forty years ago, while practicing in the country, a case was brought to my notice by a nurse, in which, all other means having failed to arrest the flow of blood, she was directed by the physician in attendance to place a folded napkin upon a hot stove, and when heated nearly to the scorching point, to hand it to him. The napkin was instantly applied to the region of the uterus, the woman cried out that she was being burned, and the hemorrhage at once ceased. Thus it appears that a practice now authoritatively proposed would, at the time referred to, have been almost universally regarded by authors and practitioners as irrational, injurious and reprehensible.

The dashing of cold water over the region of the uterus has been found, in desperate cases, to be one of the surest means of arresting the flow of blood, its efficacy depending apparently upon a sudden and powerful impression upon the nervous system, inducing reflex movement, and simultaneously, contraction of the uterus and its vessels. A chill, or at least some approach thereto, is nearly always the result of cold suddenly applied to the body; and it is not improbable that the sudden application of heat, as in the case cited, depends, when beneficial, upon a similar action. We observe, nearly always, in cases of severe burns or scalding, that chills supervene, amounting sometimes to rigor, and the same effect, although in a slighter degree, will generally follow the application of a very hot napkin, or other heated material, under the conditions in view. It is not in my power to say anything regarding the efficacy of this practice, having had no experience in this mode of treatment. Now, however, that this method has been prominently brought to the notice of the profession, it will doubtless undergo the test of experiment, and the utility of this treatment be determined, and any special conditions that might render heated applications unadvisable or possibly dangerous be made known to the profession. When trials of this sort are contemplated, it should be remembered that a sensation of burning ought to be experienced, as a merely warm application might tend rather to increase than diminish the discharge; and it seems probable that hot would act better after the previous failure of cold applications. As before stated, Dr. Kerr regards heated applications as most useful in approaching collapse. This view is probably well founded, for although a sense of chilliness quickly follows the sensation of burning, the first impression upon the nervous centres is the sense of burning, and thus a stimulus, momentary it may be, is given to the nearly paralyzed centres, provoking them to reaction.

OVARIOTOMY—REMOVAL—DEATH.

BY S. P. DAVIS, M.D.,

Of Lancaster, Pa.

Mrs. D. L. aged thirty-five. First seen April 30th, 1877. Family history good. Menstruated at fifteen, which became regular at once, and continued so. She was married at seventeen; once pregnant, which labor, at full term, was easy and her recovery good. Always worked hard, both in and out of doors. She states that six years ago she sprained herself in the right side while pitching hay, and has experienced more or less pain in that locality ever since. One year from that occurrence she noticed "a small lump," as large as an orange at the painful point, which continued to enlarge gradually, until the abdomen attained the circumference of thirty-six inches. She was tapped first by another practitioner, November, 1875, the fluid, she says, being of a greenish color. The cyst filled so rapidly as to necessitate tapping again in three months. In May she was tapped the third time, after which the cyst filled more slowly than before, eleven months intervening between the last two operations. The fluid obtained on these occasions was not examined by the physician then attending the case, hence its character was unknown.

May 2d, 1877, removed, with aspirator, four pints of fluid of a greenish color, sp. gr. 1.018,

highly albuminous and extremely viscid. The fluid was examined by Dr. Drysdale, and found to contain the "granular cells," as first described by him.

May 7th four pints, and May 12th three pints were removed. These operations were performed with a view of getting the patient in as favorable a condition for ovariotomy as possible.

May 21st, at 3 P.M., accompanied by several medical gentlemen, I went to extirpate the tumor. We found the patient suffering greatly from distention, respiration frequent and labored. Pulse 103, temperature 100°. She was anæsthetized by the use of ether sulphate and chloroform, two parts of former to one of latter, by weight. The incision was commenced half an inch below the umbilicus, and extended downward six inches in the median line. The cyst was exposed without any difficulty, but found to be adherent very firmly, except on the left side, where there was some peritoneal fluid between it and the abdominal walls. After carefully freeing the cyst on either side of the incision, a trocar was introduced, and the greater portion of the fluid withdrawn. I then began enucleation of the cyst, which was found firmly adherent to the omentum and a fold of the large intestine. I succeeded, with great difficulty, in detaching them without injury to either intestine or omentum. At this point it was discovered that the bladder was attached to the anterior surface of the tumor, over a space three inches wide, and extended upward about five inches; the trocar had entered only a quarter of an inch above its margin at a previous tapping, although introduced at the usual site. After breaking up the adhesions, I was surprised to find no pedicle, the vessels being small (almost all capillaries); the adhesions at the base were broken up, and the tumor removed; very trifling hemorrhage followed. After carefully cleansing the cavity, all bleeding having ceased, the wound was closed with interrupted sutures. A dressing of carbolic acid and linseed oil was applied, supported by a pad of cotton and bandaged. The patient was put to bed in one hour from the time the anæsthetic was administered; pulse 94, respiration 18, and temperature 90°.

The after treatment consisted of measures calculated to bring on reaction—brandy, beef tea, milk, etc.—which, unfortunately, never took place. The patient's condition remained the first few hours in statu quo, then the vital power began to fail, and death ended the scene on the third day after the operation.

The only comment I have to offer is to enter my solemn protest against the criminal practice of delaying ovariotomy or any other operation until the patient is so far exhausted that there is not sufficient vitality left to enable reaction to take place after the operation. If a man is not capable of rendering the necessary relief to his patient himself, he should not baffle a consultation until it is too late, and then abandon his patient, as is often the case.

There was a good sound constitution. The patient, though prostrated at death's door, was hopeful and in good spirits. Scarcely four ounces of blood was lost, and no inflammation took place, but the system was worn out. Had she been operated on sooner, she would, without a doubt, have recovered.

Hospital Reports.

COLLEGE OF PHYSICIANS AND SURGEONS, NEW YORK.

CLINICAL LECTURE ON DISEASES OF WOMEN,

BY PROF. T. GAILLARD THOMAS.

Reported by P. Brynberg Porter, M. D.

(*Concluded from page* 384.)

Laceration of the Cervix—The Correct Method of Managing Breech Presentations.

The next patient is Margaret B., a native of Ireland, and thirty-five years old. She has been married fifteen years, and has had five children, but no miscarriages. The last child was born seven years ago, and she says she has never been well since. In what way have you suffered, Mrs. B.? "From pain in the back." Anything else? "Pressure downward." (This is a better phrase than "bearing-down pains," but probably has about the same significance.) Anything else? "Pain in the stomach" (placing the hand on the hypogastric region). Anything else? "Pain in the crown of the head and about the eyes." Is your monthly sickness regular? "Yes." Do you lose more blood than you ought? "No; just enough." Do you have the whites? "Yes." Do you have any trouble with your bladder? "No."

I will now run briefly over, for you, the prominent points of the history which she has thus given us. Here is a woman who was perfectly well up to the birth of her last child, seven years ago; but who has never been well since. The symptoms from which she has principally suffered are, pain in the back and pelvic region, leucorrhœa and certain nervous disturbances, characterized by pain about the eyes and top of

the head. The whole history points to some abnormal condition in the pelvic viscera, and, accordingly, I made a physical examination of this part of the system. The uterus I found a little lower in the pelvis than it ought to be, and the cervix is badly lacerated; the injury being greater upon one side than upon the other. From the torn surfaces a profuse leucorrhœal discharge was pouring down into the vagina. The uterus was larger and softer than in its normal condition, or, in other words, was in a state of congestion.

Now all these symptoms are, in my opinion, attributable to, and fully explained by, a single cause, viz.: the laceration of the cervix. In the first place, we have seen that the leucorrhœa is due to it. Next, the backache is caused by it, in two ways. First, by the direct dragging upon the uterine ligaments by the abnormally large and heavy uterus (this condition being due to the congestion of the organ resulting from the laceration), and, second, through reflex nervous influence. Finally, the other pain is due alone to the same strain upon the ligaments kept up by the enlarged organ. If this is all there is about the case, you ask, perhaps, why I have brought such a simple one before you?

It is true that this is all there is about the case at present, but its chief interest lies in some points in connection with the past history of the patient which have not yet been touched upon. She informs me that her first labor was a very difficult one, lasting from Wednesday night until Saturday morning; but that the child was born alive. It was a head presentation. In the second labor, also, the head presented, but it was a forceps delivery, and the child was still-born. The third and fourth labors were breech presentations, and both children were still-born. The fifth labor was also a breech case, but the child was born alive. Eight years ago she came to me with the melancholy history of having lost three out of four children during delivery, and asked me to attend her in her fifth confinement, which she was expecting in the course of the next four months.

Now comes the important point which I wish to make in connection with the case; and that is, that if you treat your breech presentations properly, you will seldom lose the child. If you will examine the authorities on obstetrics, you will find that some give the proportion of deaths at one in six cases, others at one in five, others at one in four, and still others, if I remember rightly, at one in three. I do not wish to boast about the matter; but I can truthfully say that out of twenty-five cases, I have not lost a single child. In this list there are none of version by the feet; but all are genuine original breech cases. This happy result is not to be attributed at all to any special skill on my part, but simply to the method of treatment which I have adopted, and which any one can employ.

Of course, there are some cases of breech presentations which are necessarily fatal, and among the conditions causing such a result, I may mention deformed pelvis, narrow vagina, and unusually large head. But aside from cases where such conditions exist, I am convinced that a vast number of children's lives are needlessly sacrificed in breech cases.

The plan which I would advise in these cases is the following: As soon as you have discovered that the breech is presenting in any particular instance, at once make every preparation for the delivery. Then wait quietly until the breech comes down into the vagina. If the ordinary course is pursued, the chances are very great that the child will be lost. In vertex presentations the head distends everything, and the child is practically independent of the mother as soon as the external air reaches the nose and mouth. But the case is very different when the breech comes first, for by the time it is born the uterus is exhausted, or if it continues to contract, is very likely to cast off the placenta. It may be that one minute more will finish the delivery, but that one minute is quite enough to finish the child also. The above is one great factor in ordinarily causing the death of the child. The other is furnished by the physician himself. When the child comes down, the accoucheur works at a great disadvantage, on account of his position in relation to the patient. In such cases, if you listen carefully, you will not infrequently hear a little crack, which is nothing more or less than the breaking of the child's neck. The *processus dentatus* enters the spinal cord, and the life is forever destroyed. But to resume the recital of the method advised. Do not hurry the early stages of a breech case, and never put your finger (and still less a blunt hook), around the child's groin. At this period the breech is aiding you very materially, all the time, by its action in dilating the parts. But the instant that you find it distending the perineum you should change your tactics entirely. Having placed the patient on her back across the bed, with her feet resting on two chairs, give one limb into the care of the nurse, and the other into that of a competent physician, whom you have previously summoned, and who should always keep one of his hands free, so that he may assist you as required. The chief principle in the delivery is this: that the force that is to expel the child must come from above, and not from below. Therefore, now give a large dose of ergot hypodermically, in order that it may produce a powerful effect instantaneously upon the uterus. As soon as the cord comes within reach, get hold of it; and then ask the physician who is assisting you to press down upon the head with all his force. The patient, if she is a woman of any force of will at all, ought not to be under the influence of any anæsthetic, and you should call upon her to bear down as strongly as she possibly can; telling her that the life of her child depends upon her exertions. When all these forces are called into play, the result is usually a very speedy delivery. In a second or two you can get two fingers into the child's mouth, and

thus make traction by means of the inferior maxilla.

When this patient came to me, as I have mentioned, I told her that I thought she could be delivered of a living child, even though it should present by the breech, as seemed altogether likely. Her fifth labor, like the two which had preceded it, really proved a breech. I was unable to attend her myself, but my assistant, Dr. Walker, did so, carrying out the plan which I have indicated, and the result was a living child, to the great joy of the mother. It is quite probable that the laceration of the cervix which we have found present here was the result of this delivery; but a human life once destroyed can never be restored, which is certainly not the case with a human cervix.

Fungoid Degeneration of the Uterine Mucous Membrane.

Mrs. Ann E., aged 23. She has been married twice, and has had one child (by her first husband), but no miscarriages. The child was born somewhat more than a year ago. She tells us that she has been complaining for about two months, and that her health was good up to that time. Two months ago, about 12 o'clock one night, she was seized with very violent pains in the hypogastric region, which lasted until five o'clock the next morning. After that she was confined to bed for a week, feeling great soreness over the lower part of the abdomen, and suffering from a constant flow from the vagina. The latter lasted for a fortnight, and then stopped for a time, but soon set in again; and since then she has continued to flow nearly all the time up to the present, there being only an occasional temporary cessation of the discharge. These cessations have been but two or three days in length.

The most prominent symptom here, then (indeed the only symptom, with the exception of those depending directly upon this), is metrorrhagia, and it is certainly very curious that it should have commenced in the way the patient describes.

We are not able, at the present time, to form a correct idea of the nature of the illness of which she has spoken, but she distinctly states that she does not think it was a miscarriage. She is greatly debilitated, and says that she has recently fainted twice from the loss of blood, as she thinks. She feels very faint most of the time, and tells us that she "looks strong only in her face," a statement which I can readily believe; but even her face is ordinarily very pale, though now somewhat flushed, from the excitement of coming before the class. Her pulse is exceedingly rapid and compressible, and her hands are cold.

Up to the time of her illness she was always very regular in her monthly periods, but since then she has not been able to determine the time of their coming on. She has been married five months the second time. This history is quite singular, being entirely unlike that of most cases where patients suffer from the same trouble which she does.

You see here the distinction between metrorrhagia and menorrhagia. It is not long since that I heard a gynæcologist arguing that the two ought to be called by the same name, as they were practically identical. But in my opinion, and that of the best observers, they are entirely different, and ought no more to be called by the same name than pneumonia and pleurisy. Metrorrhagia is a distinct uterine hemorrhage. But now let us continue our investigation of the case until we can arrive at a diagnosis. If *emansio mensium* is only a symptom, so is metrorrhagia. As to what was the cause of the severe pain coming on suddenly at midnight we can only conjecture. At present the uterus is entirely normal in size and position, and the only thing noticeable about its exterior is a slight nicking of the cervix, which was, no doubt, produced at the time of the birth of her child. It is possible that she may have had a small hæmatocele, and that the pain was due to the sudden escape of blood into the peritoneal cavity. Of course, this is only a suspicion in my mind; but it suggested itself as offering some explanation of the symptoms of the attack mentioned. Whatever may have been its nature, however, the fact remains that she has continued to flow freely ever since, with short periods of intermission.

An examination by the speculum showed that this flow did not come from the cervix or any part of the vagina. I thought that there might possibly be some outgrowth from the interior surface of the former; but by separating the lips of the os by means of the tenaculum, I was enabled to look up the cervical canal, and found that this was not the case. It was, therefore, evident that there must be something inside the cavity of the uterus itself which gave rise to the hemorrhage. When you meet with these cases of metrorrhagia, do not, I pray you, imagine them due merely to congestion or to the menopause, if the patient's age is sufficient to suggest that. When the change of life comes on, it is frequently characterized by menorrhagia, but not by metrorrhagia. I thought there might, perhaps, be an internal polypus of the uterus occasioning the hemorrhage, and so I introduced a probe, but I found that it passed to the fundus without meeting with any obstruction. The uterus was found to measure three inches; but this is about the normal length of the canal in women who have borne children, since the organ never quite returns to its original size before pregnancy. As I passed the probe and moved it gently from side to side, I noticed that the hemorrhage was greatly increased, and I now began to feel confident that the cause of the flow was situated about the endometrium. I therefore introduced a small copper curette, such as I now show you, which is so valuable an accessory to diagnosis in these cases, and by its means quickly drew out a very small mucous polypus. The condition which was found here has been called by

some writers *endometritis polyposa;* but this is a false name. These growths, however, are a polypoid or fungoid proliferation of the lining mucous membrane, and they are liable to originate from any cause which keeps up a chronic engorgement of the endometrium. They are, in fact, a vegetative hyperplasia of the latter. Next week, if the patient will return, the walls of the whole uterine cavity will be carefully scraped, the curette being turned in different directions, so that the whole surface can be reached. I know of no instrument which you will find to produce such admirable results. In cases like this it is absolutely curative, and where there is chronic corporeal endometritis it will often be found of the greatest service also. If it is properly constructed, without a sharp-cutting edge, and of copper wire that is sufficiently flexible, it is so free from all danger that it can be used with impunity; though I have had a very large experience with it, I have never met with any accident in its employment, or seen any bad results follow it. The most highly important and beneficial results can often be thus obtained by the use of very simple means, and no little credit reflected upon the physician employing it. Sometimes the little operation has to be repeated once or twice before a complete cure is effected; but this is because it was not done thoroughly at first, the whole surface of the uterine cavity not having been reached by the curette.

Medical Societies.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

At a Conversational meeting held at the Hall of the College of Physicians, Philadelphia, April 10th, 1878, Professor H. H. Smith, President of the Society in the Chair. Dr. F. Woodbury read a paper on the

"Chronic Chloral Poisoning."

(see page 395) which was followed by an interesting discussion.

Dr. M. O'Hara recalled a case of chloral poisoning, in a man, occurring on one of the steamers, while crossing the Atlantic. He was intemperate, and being unable to get his supply of alcohol, took to drinking chloral instead. The effects were very much like those of alcohol, as he had an attack of delirium tremens, which lasted for several days. There was no loss of muscular power in this case.

Dr. Cheston Morris thought that one explanation of the failure to obtain decided effects from large doses of chloral might be due to its not being absorbed. He had seen several cases of chloral poisoning, and in all, the effects were long continued and marked by muscular relaxation. On this account he should hesitate to administer chloral when there was marked debility, especially in organic disease of the heart. The habitual use is to be condemned, on the ground that it favors this debility. He had not seen delirium tremens produced by chloral, but knew that many of the agents which principally influence the nervous system may unexpectedly produce such symptoms. He remembered a case of a carpenter, that he had attended twenty years ago. The man was perfectly sober, but had heart disease. He had been taking tincture of digitalis for several days, in ordinary doses, when he broke out in a violent attack of delirium tremens. He had not been using alcohol. The case was treated as an ordinary one of this affection, and recovered. It was attributed to the want of tone in the heart and an inability to supply sufficient blood to the brain, causing anæmia of the hemispheres.

Dr. Bidlack had a case of nervous disorder, who took half an ounce of chloral hydrate during the night, using up four ounces in the course of one week, and absolutely without bad effects. Another case took it in ordinary doses for more than a year, without any but good results, but he has recently lost sight of the patient and does not know of his present condition.

Dr. Benjamin Lee said that when chloral was first introduced, while it was still somewhat of a curiosity, he gave a mixture, containing ten grains to the ounce, to a lady just starting for the South, to relieve nervousness and inability to sleep. She took the first dose the night before sailing. He had given her very strict directions, cautioning her not to exceed the dose of five grains, as he had not then positively determined what the ordinary dose should be. Very shortly after her arrival at her home, he received letters from her telling of the delightful effects of the remedy. She had voluntarily increased the dose, and was depending upon it. She returned, as usual, the following winter, to Philadelphia, when he found that she was habitually taking fifteen to twenty grains every night. As she was doing well in other respects, he did not consider it advisable to interfere immediately. At the end of eighteen months of the daily use of the chloral, probably never exceeding twenty grains in the twenty-four hours, she began to complain of conjunctivitis and smarting of the eyes. By advice the dose was diminished, when the irritation at once disappeared. He concluded that this congestion of the palpebral conjunctiva was only one of the effects of the long-continued use of the remedy. After this she again passed from notice, and resumed the chloral in large doses. She again returned, complaining of pains in the wrists, located in the radial arteries, which was probably connected with a cardiac disturbance, from the action of the remedy upon the unstriped muscular fibres of the heart. Upon discontinuing the chloral the pain in the wrists ceased. This was the second indication that the chloral was doing harm. The patient is still under observation.

Dr. Samuel R. Skillern had given large doses

without bad results. One case in particular he recalled, where a hypnotic was needed to relieve restlessness accompanying paralysis following apoplexy. Less than 120 to 130 grains in the course of the evening would frequently have no effect whatever, and the patient must have averaged at least a drachm each night for nearly a year. The man finally died, but there was no evidence that chloral hastened his death.

Dr. W. R. D. Blackwood had a patient to whom he was giving chloral in half drachm doses, for the relief of neuralgia. For five months he has taken 30 grains three times daily, combined with bromide of potassium. For two weeks he took one drachm of chloral three times a day, and the only bad effect noticed was a conjunctivitis confined to the left side. The chloral was finally stopped abruptly, but no evil effects followed. There were no nervous symptoms, and no muscular tremors or weakness; in two days later he was able to walk down stairs.

Dr. James Collins spoke of a case that came under his care in 1870. An old gentleman, suffering chronic cystitis and enlarged prostate, obtained great benefit from one or two full doses of chloral daily. He was subject to suppression of urine, and at such times he complained of uncomfortable feelings after the medicine, with hot face, flushes of heat, etc., but as soon as the kidneys began to work this would pass away. The dose was increased to 24 grains. The speaker had used the drug frequently, but had never seen any bad effect when the kidneys were acting well.

Dr. Chas. K. Mills believed that an explanation of the unsatisfactory results reported may be found in the fact that there are two classes of nervous cases; in one there is cerebral anemia, in the other congestion; in one the chloral does good, in the other not. He had found that where an idiosyncrasy against morphia existed, a previous dose of chloral would prevent any bad symptoms.

Dr. R. A. Cleeman reported a case where a dose of chloral always produced conjunctivitis in both eyes.

Dr. M. O'Hara recommended chloral as especially valuable in relieving the cough of phthisis, giving at a dose four grains of chloral with five drops of laudanum, and one drachm of syrup of lactucarium.

Dr. Laurence Turnbull thought that the chloral not only acted upon the conjunctival surface, but also upon the retina in certain cases, causing dimness of vision. This effect could be avoided, in his opinion, by combining with the chloral a salt of potassa. In diseases of the kidney it cannot be readily eliminated, and its effect is more marked and continuous. This may serve as an explanation of those cases where ordinary doses are followed by alarming symptoms.

Editorial Department

Periscope.

Strychnia or Nux Vomica as a Tonic.

In the *Practitioner*, Dr. T. Lauder Brunton says strychnia is at once a gastric, vascular and nervous tonic. It has, with the exception of quinine, a more powerful action than most other bitters, in preventing putrefaction. It excites the sensibility of the vaso-motor centre, thus exerting a beneficial effect upon the circulation, and likewise directly stimulates the nervous tissue of the spinal cord itself. So great is its effect upon the vaso-motor centre that by its means physiologists have discovered that instead of being confined to the medulla oblongata, as was formerly imagined, this centre extends down the spinal cord. It has just been said that an impression made upon the sensory nerves reflexly stimulates the vaso-motor centre, contracting the vessels and raising the blood-pressure, but when a cut is made across the spinal cord, just below the medulla oblongata, this result is not produced. From this experiment it has been concluded that the vaso motor centre was entirely confined to the medulla oblongata above the place of section; but if a little strychnia be now injected into the veins of an animal in which the cord has been thus divided, and a sensory nerve be then irritated, the vessels will contract and the pressure of the blood will rise. It thus became evident that the vaso-motor centre extends down the cord from the medulla, but that its spinal portion is so feebly developed that under ordinary circumstances it has no power to contract the vessels when reflexly excited by stimulation of the sensory nerve. But strychnia has the power to increase its excitability so much, that reflex stimulation in this way will produce through it a decided effect. Now, when we consider that sensory impulses are proceeding every moment from the skin to the vaso-motor centre, we can readily perceive how a slight increase in susceptibility, produced by strychnia, will have a wonderful effect in raising the tone of the vessels, and aiding the circulation. The mode in which quinine acts is not so clear, but we know from observation, that, also in small doses, it renders the pulse stronger and less compressible.

From what has just been said, then, it would

appear almost that strychnia or nux vomica is one of the most valuable tonics which we possess. When combined with nitro-hydrochloric acid, it is, perhaps, one of the most efficient remedies that we can give for the debility which is so often noticed in warm weather, and when the ordinary tonics, such as gentian, columba, cascarilla, or quinine do not produce the desired results, the addition of a little nux vomica or strychnia to them may give us the wished-for effect.

The Lessening of Pain in Operations.

Mr. G. M. Callender says, in his address before the British Medical Association—

In pleading, then, for the avoidance of pain, let me detain you while I briefly refer to the management of two very ordinary cases—an amputation of the breast and an amputation of the leg; and let me premise that it is necessary to scheme and to prepare beforehand all the dressings you will require. These dressings must insure support and rest and ease.

And here let me mention, if, in dressing a large surface, as after the separation of sloughs after a burn, or when a considerable portion of skin has been of necessity sacrificed in an operation, we find there is much pain complained of in each changing of the dressing, examine the surface carefully, and we shall mostly find there are certain parts painful, and others not so. The painful points are the spots where nerves are lying exposed on the surface; and if such spots be protected with a small piece of isinglass or gutta-percha tissue, all other parts of the wound may be dressed without any hurt to the patient; and this is a means of relief from pain, so often coming under our notice, that it is only necessary to mention it to claim for it attention.

Now, take a wound left after amputation of the breast, and let care have been given to staunch all bleeding, and let the line of incision have been so arranged as to leave an end of the wound in a dependent position. The wound may be drained by the insertion of a tube, say of perforated india rubber, along its entire length, one end being left projecting at the dependent point. I say nothing about the carbolizing of the wound, as I am now dealing rather with the treatment so far as pain avoidance is concerned. Then bring the wound together by means of mainstays. Then close its edges with silver sutures, from which, as the wound swells, tension will be largely taken by the mainstays we have introduced. Apply the dressings, not too tightly, or the movements of respiration will make the costal surface of the wound rub upon the more superficial; and then place the forearm and hand across the chest, and secure them against sudden starts by a bandage lightly passed from the wrist round the neck, supporting the elbow, and to the wrist again. Seven or eight hours later, cut through the strapping with which you will find it the more simple plan to have secured the dressings, and, with a sense of relief to the patient, they will separate an inch or more; a strip of plaster will reunite them, and whenever the wound has to be dressed this strip should be cut through and a new one placed over it, the originally-applied plaster never being removed, because, especially if from a hairy surface, its removal is attended with much discomfort. When the wound has to be dressed, slip the bandage from the wrist, and then grasp the arm above the elbow firmly in one hand, and with the other move the hand and forearm to a straight line with the arm; then, still grasping the arm, move it out from the side so far as you may think fit. By this guarded movement you will prevent the sudden and involuntary contraction of the biceps and of other muscles, which, if the arm be not steadied, will assuredly occur, and will be followed by a corresponding jerk in the pectorals, disturbing the wound and causing the patient to cry out with pain. The dressing is then removed and renewed, and using, as I do, carbolized oil or lint, protected by gutta-percha tissue, this part of the operation is most simple. See that the drainage-tube is acting properly, and renew some tenax in the axilla, or a small sawdust pad, to catch the discharging serum, if any, and then carefully replace the arm and then the forearm to its original position. Tended in this way, we are certain of conducting our case without an ache or a pain, so far as the dressing of the wound is concerned.

The Treatment of Typhoid Fever.

In a recent article in the *Lancet* Dr. H. M. Tuckwell says, on this subject—

The following are the changes in treatment which have been carried out in the last half of my cases; and although it so happens that a remarkable improvement in the results obtained has attended these changes, yet, until a much larger number of cases have been observed, it is unsafe to try to draw any inferences; it is better simply to state the facts. First, the hydrochloric acid mixture has been given up, and a little caraway water is now ordered in its place. Secondly, much less opium is given now than formerly. Whereas it was my custom in former years to try, under all circumstances, to check the diarrhœa, as something detrimental to the patient, either by Dover's powder or some other preparation of opium, I now, provided that the diarrhœa be not excessive (say, not more than six to eight stools in the twenty-four hours), leave it quite alone. Thirdly, more milk and less beef-tea is now given than formerly. If I can get a patient to take milk only, I am quite satisfied, and do not care to press beef-tea. As regards stimulants, I have not changed my belief of twelve years ago, when I first had beds of my own, that many cases of typhoid do perfectly well, from first to last, without any stimulant; but that where the so-called typhoid state is threatening, if the tongue is dry and brown with much sordes, if the pulse

is frequent, feeble, and dicrotous, and above all, if there is tremor in the lips or hands, good brandy, or good old wine, if it can be obtained, given in small doses, at regular intervals, is a most valuable medicine. For hemorrhage, a turpentine mixture has answered best in my hands, and the tendency to sickness which it is apt to cause is best prevented by a good flavoring of peppermint. I have no experience of the cold bath to offer.

Treatment of Erysipelas.

At a meeting of the Calhoun County, Ohio, Medical Society, reported in the Detroit *Lancet*, Dr. Amos Crosby, of Albion, said: "I must confess that I have not seemed to get very decided results from the administration of the muriated tincture of iron in erysipelas. I place more reliance upon quinine than any other single remedy. I give quinine freely in the cases where there is periodicity in fever and other symptoms of the disease. In this as in other diseases which we are called upon to treat, we must study the habits of the disease, if we expect to meet with success. I have sometimes given from three to four grains of quinine every hour for twelve or fourteen hours, then the same dose at longer intervals, with the best seeming results. After from twelve to twenty-four hours the violence of the symptoms would have passed, and my patient would be convalescent. I believe that in many cases, at least, an attack of erysipelas can be cut short by appropriate treatment. For a local application to prevent the spread of the disease, I have more confidence in a strong solution of nitrate of silver than in any of the remedies that have been mentioned. I would use, in some cases, a solution of sixty grains to the ounce of water. I would not use the nitrate of silver in all cases."

Recent Craniology.

At the late meeting of the British Association for the Advancement of Science, in the Department of Anthropology (Biological Section), Professor Huxley presiding, Professor W. H. Flower, F.R.S., read a paper on the "Methods and Results of Measuring the Capacity of Crania." He said that, of all the measurements by which they could determine the difference between the skulls of different individuals of any race, perhaps the most important was that which gave the cubic capacity of the great cavity which contained the brain. The largest capacity in any human head that he had measured was that of a race of long-flat-headed Indians on the West Coast of Africa, which gave 1589 cubic centimetres. The Laps and Esquimaux, who were only small people, had very large skulls. The latter gave a measurement of 1546 as the average capacity. They then came to the English skull, which was of nearly the same size, 1542; but as he had said, these belonged to the lower grades of English skulls. He could tell them nothing about the Irish skulls, for there was not a single specimen of an Irish skull in the London museum. (Laughter.) The President had just suggested that they were always broken. (Loud laughter.) The inhabitants of the Canary Islands gave the capacity of 1498; the Japanese, 1486; the Chinese, 1424; the modern Italian, 1475; ancient Egyptian, 1464; the true Polynesians, 1454; negroes of various kinds, 1377; the Kaffirs, 1345; Hindoos, 1306. They then came to the Australians, about the smallest they had got; they gave an average of 1284. They had only two races below the Australians, and they were the Andamanese, who were a very diminutive people, not above five feet high, the capacity of the skull being 1220; and the Veddahs, of Ceylon, who had the smallest average capacity of all, 1205.

The Therapeutics of Salicylic Acid.

A careful exhibition of the dangers from the use of salicylic acid is contributed to the St. Louis *Medical and Surgical Journal* by Dr. J. W. Compton. He closes it with the remark—

"It is simply due to the claims of this remedy, to say that much more could be said and collected from the experience of warm admirers of salicylic acid in the treatment of a variety of diseases, than can be formulated into an article on its poisonous effects. I shall content myself by guarding the profession against what must be admitted a dangerous element contained in this valuable remedy when rashly or improperly administered. Whether this element of danger to life consists in an idiosyncrasy of the patient, a peculiarly diseased condition of the lung tissue, the brain substance, a diseased condition of the muscular or valvular structures of the heart, or consists solely in the administration of overdoses of the remedy, are questions which should claim the consideration of physicians who prescribe salicylic acid."

The acid has some anaphrodisiac properties. The *Hospital Gazette* says—

"A curious fact, that may have direct and important bearing on the therapeutics of the sexual organs, was brought to light by Dr. C. T. Jewett not long ago, and has since been verified in the case of a veterinary surgeon of this city. The doctor found that a patient who had been under his treatment for rheumatism for some time, began to complain that he was no longer able to obtain an erection of the penis. He had been upon fifteen-grain doses of salicylate of soda five times a day, for some time. The doctor discontinued the salicylate and put the patient upon damiana, when his sexual power began gradually to return.

The veterinary surgeon put himself upon pretty large doses of salicylic acid, for rheumatism, and after a time was surprised at his inability to erect the penis. Although he at once stopped the use of the medicine, he was some three months in regaining his sexual power."

This will not increase the popularity of the remedy.

Cod-Liver Oil Emulsion.

A correspondent of the *Medical Press and Circular* writes—

There are many ways for emulsifying the oil. Alkalies are objectionable, from their chemical action on it, because they neutralize the gastric acids, and from their own individual medicinal properties. What is then required, is a slightly acid and palatable emulsion. This is obtainable by the trifold means of glycerine, wine, and acidified pepsine, as follows: It is palatable, leaves but the faintest oily taste on the fauces after being swallowed, and never produced eructations in the few cases I saw it exhibited in. Half an ounce of it diluted with an ounce of water will retain a uniform milky appearance for half an hour. It is always better, though, to take it without any admixture, immediately after meals, in doses of a dessert to two tablespoonfuls.

℞. Cod-liver oil,		fℨiv
Glycerine,		
Sound sherry,	āā	fℨij
Pepsine porci,		fℨiss
Dilute muriatic acid,		fℨj
Sodium chloride,		ℨij.

Agitate, first, the oil with the glycerine in a clean 12 oz. bottle, and add the wine and pepsine, previously mixed, shaking the whole well together; then add the acid and salt. Of course, it must always be well shaken together before use, as the oil, though completely emulsified, will float on the top, in appearance like cream.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——Mr. E. Steiger, of New York City, sends catalogues of several medical libraries to be sold in Germany. Collectors should not fail to obtain copies.

——The *American Naturalist* is greatly improved since it has been transferred to this city. Its summaries of scientific news are always carefully prepared.

——"The Relation of Ozone to Disease," a prize thesis by Dr. J. F. Baldwin, gives, in a very condensed manner, the recent researches on this subject. To be had of the author, Columbus, Ohio.

BOOK NOTICES.

Harvey and his Discovery. By J. M. DaCosta, M.D. Philadelphia, J. B. Lippincott & Co. 8vo, cloth, pp. 57.

This volume contains a lecture on the discoverer of the circulation of the blood, originally delivered at the opening of the session of the Jefferson Medical College. It is a very pleasing eulogy of the great investigator, and indicates on every page both the intimate acquaintance of the author with the literature, direct and collateral, of his subject, and also his *curiosa felicitas* in presenting the dry facts of antiquarian research in clear, pure and attractive English.

Yet it is a eulogy rather than a perfectly unprejudiced presentation of Harvey's character. Dr. DaCosta calls him "fair-minded and generous;" but, although Harvey, in his earlier prefaces, promised to give full account of the labors of previous anatomists, there is strong evidence in his works that he failed to do so; he most certainly published, without due credit, more or less that he had learned from his Italian teachers. Dr. DaCosta treats with the severest scorn any and all who question Harvey's claim to the sole and exclusive discovery of the circulation, and speaks of it as the common fate of genius to have its conquests attributed to others. But here he interprets history unfairly. Nearly all great discoveries and inventions occur to several different minds almost simultaneously. The laws of intellectual evolution necessitate this. History is full of examples. Need we mention Adams and Leverrier, Morse and Henry, and the numerous others who reasoned out the same truths at almost the same time, wholly independently? Hence, we think that a perfectly fair account of the discovery of the circulation is not contained in Dr. DaCosta's address. It gives too much to the man, too little to the anatomical culture of the age.

Transactions of the Pathological Society of Philadelphia. Vol. vii. Philadelphia, 1878. pp. 175.

This volume gives cheering evidence of the activity of the society which publishes it. A large number of articles are embraced, and many illustrations aid in conveying accurate conceptions of the specimens presented. Instead of following a chronological order, the specimens presented and their explanations are classified under such headings as the osseous system, the digestive apparatus, the vascular system, the organs of respiration, the genito-urinary apparatus, etc. Very many curious and instructive cases have been examined and their records here preserved.

THE

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D. G. BRINTON, M.D., EDITOR.

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1879.

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THE ORGANIZATION OF LYING-IN HOSPITALS.

There are two medical charities which the ordinary run of good people look upon with suspicion—hospitals for venereal diseases and lying-in institutions, entrance to which does not depend on a marriage certificate. We were almost inclined to make the number three, and include foundling hospitals.

The average Philistine thinks that venereal disease is rather desirable in a community, as its existence and prevalence increase the dangers around illicit intercourse, and hence act as deterrents. He would not lessen its ravages among public women if he could; he opposes, as unchristian and irreligious (save the mark), all attempts to stay its contagion.

Lying-in institutions he suspects are encouragements to immorality. If a woman knows she can get good care and attention during confinement, the Philistine believes she will be ever so much more ready to err. In fact, his private opinion evidently is that the only safeguard to virtue in women is the fear of becoming pregnant, or of catching a specific disease. Remove these two terrors if you could, and he apparently would not trust a woman in the land. In this lofty and noble opinion of the sex we must say, in his defence, he is strongly backed by a certain number of philanthropic ladies, who seem to fear dreadfully for the moral stability of their sisters, unless disease, exposure and disgrace are linked as indissolubly as possible to every slip from the path of virtue.

That for any such reasons as these we should oppose lying-in charities, has not seemed to us a sound position. There are many considerations which lead us to believe that a much more extended organization of such institutions, in this country, were very desirable. One of the reasons why feticide is as common as it is, is that there are so few places, even in our largest cities, where a woman can be confined, unless she has a home of her own. Many married women who live in hotels and boarding houses

avoid childbirth because of the difficulties attending their sickness.

The one serious objection to large institutions of the kind is the danger from puerperal infection. In that at Copenhagen, from 1850 to 1864, 1 out of 24 women died; in Vienna, 1865 to 1874, 1 out of 87; in private practice, 1 out of 125 is an average. This shows a strong need for improvement in management. In a report on the subject some years ago, Dr. Bourdon, of Paris, recommended to—

1. Extend home assistance as much as possible.
2. Enlarge the establishments of midwives.
3. Replace the large lying-in hospitals by midwifery schools, by little homes with separated rooms, and then placing them in the vicinity of the large hospitals.
4. The dissemination of small houses about town with private rooms, and complete isolation, and perfect ventilation (Tarnier).
5. The scattering of women delivered in other wards, and leaving unoccupied at least one-third of the beds for the use of confined women.
6. In case of an epidemic, distribution of women in the other wards.

These improvements have been partially put into practice in Paris and St. Petersburg, and the results have been most satisfactory. For a period of ten years no epidemic broke out in these establishments. Besides, it has been found that the mortality diminished in the same ratio as the wards became more numerous and less crowded.

The organization of lying-in hospitals, says a recent reviewer, has not yet arrived at perfection, though the study of this question has made a great step forward. The prophylaxy of lying-in hospitals rests on two preventive measures against infection and contagion. First of all, we must entirely give up large lying-in hospitals, and replace them by small houses, cottage style, divided into five or six rooms, with midwifery school, and a separate house and infirmary to receive women attacked by contagious diseases, who should receive separate medical attendance. The rooms, large and lofty, should be occupied only by five or six women at a time, and successively, so as to admit of being aired and disinfected. Some will be occupied by the women in labor, the others by women already delivered. Whitewashed walls and a stone flooring are indispensable. The beds should be placed far apart, and other hygienic measures used to complete the wholesome dispositions of the ward. The prophylaxy of lying-in hospitals can be condensed into three points—ventilation, the arrangement of the fireplaces, and the disinfectants. Pringle said that air kills more men than the sword; therefore, plenty of pure air is indispensable to replace the air vitiated and contaminated by the presence of the infected subject, without falling into the other extreme of leaving the window wide open all night, no matter how severe the weather, as has been recommended by American and English practitioners.

Notes and Comments.

Effects of an Overdose of Belladonna.

A physician writes to the *Medical Times and Gazette*:—

I once, by mistake, took about two or three grains of the extract of belladonna, and within about half an hour experienced a burning glow over the whole body, with exhilaration of spirits, and a feeling of protrusion of the eyeballs. The throat felt intolerably parched, and the tongue felt swollen, and articulation was indistinct. Within an hour a rash appeared universally over the body—a rash which it would be impossible to distinguish from that of scarlatina; the face was bloated, and the hands were swollen. The pupils were not much affected, which I attribute to a large dose of tincture of opium I took soon after the belladonna.

Dangers of Bromism.

The bromide of potassium is now freely given in large quantities, its use as a hypnotic is constantly becoming more frequent, it has taken an important place in the materia medica of alienists, it has been recommended as a sovereign remedy for epilepsy, and the literature of the subject is already very considerable. All these circumstances render the drug peculiarly liable to abuse. For a long time it was regarded as incapable of doing harm. Drs.

Seguin, Hammond, and others, have shown that its indiscriminate use is greatly to be deprecated, and that the long-continued administration of preparations of bromine may, and often does, give rise to a well-defined disease (bromism), characterized by the following symptoms: feelings of weakness and lassitude, depression of the heart's action, coldness of the extremities, a peculiar heaviness of speech, a pustular or papular eruption of the skin (which may be confined to a few spots, or may be so abundant as to resemble that of variola), and, lastly, a peculiar, sweet, but unpleasant odor of the breath, which Dr. Boettger has invariably been able to distinguish in patients who have taken the drug continuously.

Correspondence.

A Case of Lupoid.

Ed. Med. and Surg. Reporter:—

I have under observation a very healthy man, aged thirty-three, who has lupoid, covering now about one-fourth of his nose. His father, an exceedingly healthy man of sixty-five, has had the same for some years; and by using, locally, pure carbolic acid, has apparently kept it controlled, and has in the last year almost succeeded in curing it, never having an untoward symptom by the use of the acid. The son, a few weeks since, contrary to my instructions, tried the acid, and has since been gradually growing worse. It now threatens ulceration.

What can you or any of your readers tell me of lupoid and its treatment? I have looked through Gross, Erichsen, Hamilton and Smith, as well as Napheys' Surgical Therapeutics, and find next to nothing on this very common and annoying disease. It is so mixed with epithelioma and lupus, perhaps, is the reason that none of them speak of it but Gross. Professor Hamilton has it on his own nose, and ought to have told of it in his surgery. L. W. Hooper, m.d.

Newport, Tenn.

The Ral Hole at Hot Springs.

Ed. Med. and Surg. Reporter:—

In the Medical and Surgical Reporter of October 26th, 1878, in an editorial on "Hot Springs and Hot Tempers," there appears an amusing misapprehension of the name of the free spring over which there appears to be a prospect of a free fight, unless the arrival of United States troops should nip this "small-sized war" in the bud. The name of the spring in question originated in a multitude of jokes at the expense of patients who visited the springs for a cure of a disease not mentionable to ears polite. At this favorite health resort there were found at all times interested patients, who on the arrival of a new patient would inquire, "what disease brings you to the springs to be cured of." Not willing to give publicity to the actual disease, they chose to improvise a substitute in which there could be no reproach, and so the common answer was, "I have got the neu*ral*gia." So it became common to say, when another came, "he's got the ral too." All the springs except one furnished water for the elegant bath houses, for the convenience of patients and for the pecuniary profit afforded the owners. The spring over which there is such contention was not enclosed, and was free to all. It was dug out so as to contain sufficient water for the patients to get into it and bathe the entire body, for the cure of their neu*ral*gia, and many of the worst cases and all of the impecunious ones (for the malady in question is confined exclusively to the wealthy), took advantage of this hole dug in the ground, and so it became known as the *ral hole*, not the "rat" hole. Very respectfully,

Evansville, Ind. J. W. Compton, m.d.

The Bite of a Cat.

Ed. Med. and Surg. Reporter:—

About the 1st of last September (1878), while I was very busy attending cases of remittent bilious fever, dysentery, and diphtheria, then prevailing in our locality, I was requested to see Mrs. J., aged eighty years. The patient informed me that I was the first doctor who ever came to see her, as never, in all her life, had she found it necessary to send for a physician. She informed me, in the history of her unique case, that five days previous, then being in perfect good health, she was playing with her old Tom cat, that has been a domestic about the house for a number of years. While playing, the cat got mad, or cross, and bit her in the right arm, about half way between the elbow and wrist, besides scratching her some. The wound bled about a pint of blood, but there was no difficulty in stopping the hemorrhage. She then applied a cloth wrung out of cold water over the wound, and paid no further attention to it, as it did not seem to hurt her in any way. But three days after the entire arm commenced swelling, accompanied with *intense pain*. She applied several domestic remedies, but without effect.

Upon close examination I found the old lady otherwise in perfect health. The arm was very much swollen, and doubtless was very painful. The patient said, "Doctor, you must give me quick relief or I cannot live long."

Treatment.—I gave the patient one grain of opium, and directed one grain to be given every three or six hours, as needed, to relieve pain. I directed the patient to take ten drops mur. tinct. iron, diluted, every three hours. Externally, over the entire swollen arm, I applied diluted tinct. plantago major.

This treatment gave the patient prompt relief. The treatment was continued for six days when the patient was discharged cured. She remains well up to this writing. I would

not have reported the above anomalous case, but when I saw the following case reported in a New York paper, it reminded me of my case. "A cat bit Mrs. Crittenden, of Middletown, Conn., two years ago. She was strangely ill for a time, and has since been almost helpless, her nervous system being thoroughly disarranged. She cannot speak without stammering, and some of her symptoms are like those of hydrophobia in a mild form." Deeming the subject of some importance I report it for the very valuable MEDICAL AND SURGICAL REPORTER.

JOHN A. HENNING, M.D.

Red Key, Ind., Nov. 1st, 1878.

Altitude of Yellow Fever Epidemics.

ED. MED. AND SURG. REPORTER:—

In your edition of September 14th, page 241, first item, "it is stated that Fort Smith, in Arkansas, 460 feet above the level of the sea, is the highest point at which the yellow fever has ever prevailed as an epidemic in this country." Unhappily this is no longer true, as shown by the fearful epidemic yellow fever prevailing for so many weeks past at Holly Springs, Miss., 710 feet above the level of the sea.

I am much gratified to read in the same number the endorsement by my old friend, Dr. A. R. Kilpatrick, of Surgeon General Woodworth's paper, whose views in the main I have advocated since my first unpleasant personal acquaintance with epidemic yellow fever in New Orleans in 1837. Many facts have come to my knowledge since that date, and in larger numbers during the current year, corroborating the same. D. L. PHARES, M.D.

Woodville, Miss.

The Source of Voluntary Power.

ED. MED. AND SURG. REPORTER:—

Now and then we find a man who has the hardihood to stand up in opposition to the consensus of scientific opinion, and maintain, with the faith and zeal of a martyr, some startling absurdity. A man in England recently wrote an able work to prove that the earth is not round.

In the REPORTER of September 28th appears a letter from Dr. Stonebraker, of Texas, in which, among the paradoxes based on certain experiments alleged to have been performed by Dr. Dowler, I find the following:—

"That voluntary motion is neither directly communicated from, nor regulated by the brain; that the muscles in connection with the spinal marrow perform voluntary motions for hours after having been severed from the brain; that these motions are not only entirely independent of the brain, but may take place, though imperfectly, after the destruction of the cord itself, etc."

When it has been satisfactorily shown that the earth is not round, and that the Copernican system is a mistake, that air is not a mixture, for the most part, of two gases, and that lightning is not electricity, and that the solar beams do not make cucumbers grow, then it will be time to entertain the above proposition. That the cerebrum is the source of all voluntary power, properly so-called, is a scientific doctrine, established by an amount of evidence that is not to be gainsaid by experiments on one alligator, or a dozen. By all means, let Dr. Dowler vivisect some more alligators. E. P. HURD, M.D.

Newburyport, Mass.

[Dr. Dowler's assertion is by no means so outrageous as Dr. Hurd thinks. It is amply supported by a large range of analogies. The elements of *will* and *consciousness* exist in organisms which are wholly destitute of a nervous system. See the REPORTER, vol. xxxiv, pp. 214, 215. ED. REPORTER].

Treatment of "Bilious" Diseases.

ED. MED. AND SURG. REPORTER:—

Apropos of the article upon "Bilious Diseases—What are They and Why so Called?" by Dr. Nowlin, in your last issue, allow me to supplement his remarks by my ordinary treatment of such cases. I fully agree with the Doctor, that the liver has sins enough of its own to bear without its being made the scapegoat of all that is ill in the organs there adjacent. My usual plan, when these cases of so-called "biliousness" present themselves, is to order very small doses of the mild mercuric chloride, not for its at one time supposed specific action upon the liver, but to allay, by its osmotic properties (for it certainly seems to have such) the irritated and congested stomachic and intestinal glands. Usually three or four three-quarter or one-grain doses will be sufficient to do this, when the doses are administered a couple of hours apart. With this I enjoin light diet. As soon as a movement (not a catharsis) is had from the bowels, I stop the mercury. After each meal I then order powders, of either bismuth and pepsin, or of lactopeptin, or else a mixture of the extract of malt, than which there is none that equals that prepared by the Trommer process, with pepsin and bismuth; one powder or a teaspoonful of the mixture is to be taken after each meal, and at bedtime. It takes but a day or two before my patient is completely over his digestive ("bilious") trouble, and both of us are made happy. Since I have adopted this plan of treatment, I have had better grounds for self-satisfaction than when I looked upon the poor patient's liver as an organ delighting in bilious evils.

Detroit, Mich. C. HENRI LEONARD, M.D.

Does the Use of Quinine Impair the Hearing?

ED. MED. AND SURG. REPORTER:—

I was very much surprised to see, in your issue of October 19th, a short extract from an article published by Dr. St. John Roosa, as giving the weight of his authority to the common belief of the laity, that the salts of

quinine produce deafnesss. If deafness could be produced by quinine in any form, would not every man, woman and child be found deaf in our southern and western States? Now, I know that such is not the case, for I have experimented on my own person, and tested the effects of quinine, commencing to take it several days in succession, in one, two, three, four and six grains every hour, without producing the slightest deafness, and only a certain peculiar form of noise, which in a day or two passed away. Again, during my attendance as resident physician, in 1845-46, in the Philadelphia Hospital, I contracted an intermittent fever, and my time being much occupied, and being very desirous, at the same time, of getting rid of a coming chill, I took at one dose twenty-five grains of pure sulphate of quinine, and for several days I had the peculiar noise, but on its passing away it left no deafness. We know that moisture and malaria will produce a certain form of deafness, and often the patient, having to take the quinine to relieve an intermittent or bilious fever, ascribes the deafness which precedes and accompanies this condition to the last article taken. Again, in a practice of over a quarter of a century, almost exclusively devoted to the treatment of diseases of the ear, I have yet to find a well-authenticated case of deafness from quinine alone. I have collected a large amount of information on this very important subject, which I hope, when time will permit, to issue in a second edition of my work on "Nervous Deafness." Yours, very truly, L. Turnbull, M.D.

1502 *Walnut street, Philadelphia.*

News and Miscellany.

Epidemic Report for the Week Ending November 2d, 1878.

New Orleans, La.—There were 83 new cases of yellow fever and 109 deaths for the week ended yesterday. During the week the Board of Health received information of 288 old cases not previously reported. For the past twenty-four hours there were 4 new cases and 8 deaths. Total cases 13,252, total deaths 3973.

Morgan City, La.—During the past week there were 8 deaths from yellow fever. Total cases to date 563, deaths 102.

Baton Rouge, La.—For the week ended yesterday evening there were 75 cases of yellow fever and 16 deaths. Total cases 2415, deaths 160.

Mobile, Ala.—During the week ended yesterday evening there 60 new cases of yellow fever and 10 deaths. Total cases 224, deaths 59.

Decatur, Ala.—There were 10 cases of yellow fever and 2 deaths for the week ended November 1st. Total cases 188, deaths 42.

Bay St. Louis, Miss.—Total cases of yellow fever to yesterday evening 535, deaths 78. Only an occasional case occurring now, and the local health authorities consider the epidemic at an end.

Port Gibson, Miss.—There were about 10 deaths in the country near Port Gibson during the past week; none in Port Gibson, where the epidemic is considered at an end.

Pass Christian, Miss.—During the week ended yesterday evening there were 19 cases of yellow fever and no deaths. Two deaths from yellow fever occurred in the week ended Oct. 25th, which were not reported in that week. Total cases to date 189, deaths 20.

Grand Junction, Tenn.—To Oct. 26th there were 174 cases of yellow fever and 74 deaths.

Milan, Tenn.—For the two weeks ended yesterday evening there were 12 cases of yellow fever and 6 deaths. Total cases 15, deaths 9.

Memphis, Tenn.—During the week ended October 31st there were 22 deaths from yellow fever. Total deaths 2964. The Board of Health announced officially, October 28th, that absentees could return with safety.

Mason, Tenn.—The first case of yellow fever, a refugee, occurred August 29th, the first case among inhabitants, October 4th, since which time to yesterday evening there have been 60 cases and 24 deaths.

Chattanooga, Tenn.—During the week ended yesterday evening there were 28 new cases of yellow fever and 12 deaths. Total cases 433, deaths 127.

Meridian, Miss.—Over 400 cases of yellow fever are reported to have occurred to date. Total deaths 80.

Gallipolis, Ohio.—During the week ended October 30th, one new case of yellow fever occurred and two deaths.

A Prize of $500.

A prize of £100 for an essay on hydrophobia, its nature, prevention and treatment, having been offered by Mr. Stanford, M.P., to be awarded by the Royal College of Physicians of London, the Marquis of Salisbury has instructed the British Minister at Washington to bring the matter to the attention of the Department of State. The essay must be delivered to the college on or before January 1st, 1880. It may be the joint production of two or more authors.

Mr. George W. Callender, F.R.S.,

the distinguished London surgeon, Senior Surgeon to St. Bartholomew's Hospital, and late President of the Surgical Section of the British Medical Association, will leave Liverpool in the steamship Bothnia, on the 23d of this month, on a professional visit to this country.

Mr. Callender will need no introduction to the profession in America, as he is so well known in surgical literature and as a practical surgeon, and he will be a most welcome visitor. He is a genial and kind-hearted gentleman, and very many members of our profession, when abroad, have experienced his courtesy and liberal hospitality.

Mr. Callender will visit the medical institu-

tions of our leading cities, and the medical profession in America will be glad to receive and to honor such a representative of British surgery.

Additional Deaths of Physicians from Yellow Fever.

Memphis, Tenn., October 13th, Dr. F. H. Fonce, of Hot Springs, Ark. October 16th, Dr. M. F. Keating, of New York.

Chattanooga, Tenn., October 13th, Dr. E. M. Baird, Dr. R. N. Barr.

Vicksburg, Miss., October 11th, Dr. Happoldt, of Morgantown, N. C. October 14th Dr. Glass.

Pattersonville, Miss., October 19th, Dr. M. A. Roche.

Cairo, Ill., October 18th, Dr. Roswell Waldo, Surgeon of Marine Hospital.

Delta, Miss., October 22d, Dr. Gilland, Health Officer.

Holly Springs, October 24th, Dr. Compton.

Clinton, La., October 23d, Dr. Covert.

Sanitary Reformation in the Campagna.

The intelligent physician can have very little sympathy with that style of religion which proposes days of fasting and prayer to check the spread of disease. That State or general governments who have no health boards, or other sensible regulations, should seek to supply their place by such means, is a piece of childish folly. Give us rather the solid sense of the monks of La Trappe. Says a recent letter from Rome—

These good Fathers have discovered lately the means of making the vast Roman campagna healthy, a work that has baffled all governments from Romulus to Victor Emmanuel or King Umberto. The mal'aria (evil or bad air) is well known to geologists. The soil of the campagna has little depth. Under it lies a stratum of tufa; in some places this tufa is two metres deep. Under this tufa is other volcanic material, equally hurtful to vegetation. Thus there is no subsoil, and no chance for circulation of water and air. When the heavy rains fall, the water rests on the tufa, and generates unhealthy mists. When the droughts come, as now, the soil is baked to ashes. The wise, good, industrious Trappists began on that very unhealthy land of the Three Fountains, first, with Eucalyptus raising, and made the place comparatively healthy. Lately they have tried, with success, a most remarkable experiment. They have bored the tufa, at different distances, a metre and a half deep; in these holes they have placed dynamite, and by electric conductors exploded the volcanic strata. A dumb rumbling is heard, a little elevation of the ground is seen, in some places the earth is thrown out a short distance. In eight days' time they found a subsoil for a large space of ground, and made it both susceptible of culture and healthy! The expense is about 600 lire for every hectare (2 acres, 1r., 35p.)

Thus these simple, busy Fathers of La Trappe, have done the useful work that lay before them, and by that have solved a problem as old as Euclid, and hitherto as fatal as the Sphynx. Their silent labors will give health to future generations, and cover with luxuriant fields of grain the vast Agro Romano!

Items.

Errata.—On page 332, second column, 18th line from bottom, omit *by* after *way*, and read, the liver is *the* organ at once censured. On page 333, second column, 13th line from top, read, the patient *died* in Richmond, etc. And 15th line from the bottom of the article, after (anasarca) read, and cavities (hydrothorax and ascites), thus terminating life.

—The local Board of Health, of Prague, is attempting to enforce measures of dress reform. It has issued an edict prohibiting the fair sex from wearing long dresses. "Considering," say the doctors, "that trailing robes raise a dust in the streets, which is highly prejudicial to the public health, it is henceforth forbidden to wear the robes in question in public thoroughfares." There are vague apprehensions of a riot.

—The *Students' Journal* is responsible for the following:—"A young lady at home from boarding school for the holidays was asked if she would have some roast beef, when she replied, 'No, I thank you; gastronomical satiety admonishes me that I have arrived at the ultimate stage of deglutition consistent with dietetic integrity?' She was never asked if she'd have anything more again."

—In a paper by Mr. C. Meldrum, in *Nature*, on "Sun-spots and Rainfall," the author finds that the rainfall so recorded at fifty-four stations in Great Britain, from 1824 to 1867, was 0.75 inch below the mean when the sun-spots were below their mean, and 0.90 inch above it when the spots were in excess; and the corresponding values for thirty-four stations in America were 0·94 and 1·13 inch.

—A month ago, says a London paper, there were only eight doctors in all Cyprus, and Larnaca, the capital, possessed but a single apothecary's shop, the proprietor of which complains of no business. The cause is not in the healthiness of the island, but in the want of faith in medicine.

—The loss by the yellow fever, through the destruction of crops by neglect, stoppage of trade, and minor causes, is estimated at $200,000,000.

—The Cremation Society of London is about to erect a crematorium, after the model of that in use at Milan.

—In former times the man ate the cream (if the cat didn't anticipate him), but now they cremate the man.

—James Schenck, of San Francisco, on becoming the father of triplets, publishes a frantic appeal for pecuniary aid.

Mr. Thoms Gives us Ten Years More.

It has been widely known that Mr. William J. Thoms, a keen critic of old records, long denied that there is any authentic evidence of a human being living beyond a hundred years. We rejoice to report, for the benefit of whom it may concern, that he has extended his limit to 110 years. Mr. Thoms lately received from Dr. I. C. Tache, deputy head of the Census Department of Canada, the report of an inquiry into eighty-two cases of alleged centenarianism. Of the eighty-two, no less than thirty one claimed to have attained 100 years, nine claimed to be 101, and eleven to be 102; and while only four claimed to be 103, and the same number. 104, no less than nine put forth the higher pretension of reaching 105. Three claimed to be 106, and the like number 108; only one 109; while four boasted of having reached no less than 110. The three oldest on Dr. Tache's list claim credit for having reached no less than 112, 113, and 120 years respectively. Of these eighty-two cases, Dr. Tache shows that seventy-three have no claim to be considered centenarians, but returns nine as having, in his opinion, claims to be considered as having reached, and in some instances outlived, a century. Two of the Doctor's subjects, he is satisfied, reached the ages of 109 and 113, but some of the other claimants had to submit to a remarkable process of rejuvenation, in one case a man who claimed to be 120 proving to be a mere youth of 90. Mr. Thoms' present opinion is that no authenticated case of an individual's living to be 110 can be produced, but he is prepared to modify it on satisfactory evidence.

Personal.

—L. Brewer Hall, M.D., will give a series of lessons upon ophthalmology, at the Eye and Ear Department of the Philadelphia Dispensary, N. E. corner Thirteenth and Chestnut streets, commencing the last of October.

—Dr. Lewis Royer, of Trappe, Montgomery county, Pa., has been a candidate for State Senator.

—Rev. A. H. Keer was induced to quit preaching and become the superintendent of Minnesota's Asylum for the Insane, at St. Peter. Mr. Keer's books fail to account for $1457.88, but hidden beneath the word "incidentals," in his memoranda, were found charges for lager, whisky, cigars, sherry wine, nuts, and a horse.

—Surgeon J. Winthrop Taylor has been appointed chief of the Navy Bureau of Medicine and Surgery, as Surgeon General of the Navy, in place of Surgeon Grier, who has been retired on account of advanced age.

—The Spanish Government having sanctioned the practice of homœopathy, a school is to be opened at Madrid next month, and diplomas awarded at the end of May, 1879.

QUERIES AND REPLIES.

Gleet.

MR. EDITOR:—Please inform me, through the column of "Queries and Replies," of your opinion regarding the use of medicated bougies in the treatment of a case of gleet, due to an irritable stricture, situated one and a half or two inches within the meatus. Also, please give formula for making them, and oblige S. R.

[The only treatment of gleet of any real value, is by the repeated introduction of sounds. ED. REP.]

Will some of the readers of the REPORTER advise me how to prevent the nausea following the administration of podophyllin and leptandrin, in hepatic congestion. J. N. M.

Iowa.

Dr. *A. H. B.* would like suggestions for the treatment of chronic rheumatism.

MARRIAGES.

BOYSEN—KINZINGER.—On the 27th ult., at Egg Harbor City, New Jersey, by the Rev. C. Cast, Theophilus H. Boysen, M.D., and Kate Kinzinger, both of Egg Harbor City.

CHEATHAM—FARRAR.—In Dawson, Terrell County, Ga., at the residence of the bride's father, Dr. Walter Bichat Cheatham and Miss Sallie Farrar, eldest daughter of Dr. George W. Farrar, of Dawson, Ga. Rev. R. W. Dixon officiating.

JACKSON—PRICE.—On the 10th month, 9th, at the residence of the bride's parents, by Friends' ceremony, Dr. Edward Jackson and Jennie L., daughter of Dr. Isaiah and Lydia H. Price, all of West Chester, Pa.

JONES—CROSBY.—On Tuesday, October 22d, at the Madison Square Church, by the Rev. Howard Crosby, D.D., Gertrude Ralston, daughter of the late Edward N. Crosby, and Dr. S. Beach Jones, Jr., all of New York.

KIDDER—MAYNARD.—On the 18th of September, 1878, at the English Memorial Church, in Constantinople, by the Rev. Charles G. Curtis, M.A., Oxon, Chaplain, Dr. Jerome H. Kidder, U.S.N., and Anne Mary, only daughter of the Hon. Horace Maynard, U. S. Minister to Turkey.

KIRKBRIDE—DOUGHERTY.—In Philadelphia, on the 25th ultimo, at St. Matthias' Church, by Rev. Richard N. Thomas, Mr. Frank Kirkbride, M.D., and Euretta E., only daughter of James Dougherty.

MARCH—STEVENSON.—In Pittsfield, on the 3d instant, by Rev. Daniel March, D.D., Daniel March, Jr., M.D., of Pittsburgh, Pa., son of the officiating clergyman, and Miss Jennie A. Stevenson, daughter of the late Hon. John M. Stevenson, of Cambridge, N. Y.

MUNGER—RICHMOND.—In Woodstock, Vt., Sept. 26th, by Rev. L. W. Hicks, Edson S. Munger, of Carbondale, Pa., and Alice, only daughter of Dr. J. S. Richmond, of Woodstock.

REID—STICKLE.—At Rockaway, N. J., Wednesday evening, October 16th, 1878, by the Rev. D. E. Platter, Robert A. Reid, M.D., of Marion, Ind., and Miss Carrie Stickle, youngest daughter of the late B. K. Stickle, of Rockaway.

VANCE—JOHNSTON.—Thursday, September 26th, near Darlington, Beaver county, Pa., by Rev. Loyal Young, D.D., assisted by Rev. Henry N. Potter and Rev. Theodore Crowl, Benjamin A. Vance, M.D., and Miss Ellie, only daughter of Rev. John W. Johnston.

DEATHS.

WILLIAMS.—At Stockbridge, Michigan, of enteritis, Adelphia J., wife of Ira C. Williams, Jr., M.D., aged 26 years.

TAMAR INDIEN,

A laxative, refreshing, and medicated Fruit Lozenge, agreeable to take, and never causing irritation. Its physiological action assures the immediate relief and effectual cure of

CONSTIPATION, CEREBRAL CONGESTION, HEADACHE, INDIGESTION, BILE, HEMORRHOIDS, etc., etc., by augmenting the peristaltic movement of the intestines, without producing undue secretion of the liquids. Unlike pills and the usual purgatives, it does not predispose to intestinal sluggishness, and the same dose always produces the same effect, that is to say, never needs increasing. These properties render "Tamar" invaluable to the weak and debilitated, and especially to ladies previous and subsequent to their accouchement. It is recommended by the most eminent Physicians of Paris; notably Drs. BELIN and TARDIEU, who prescribe it constantly for the above complaints, and with most marked success.

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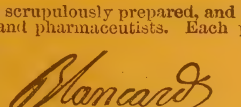

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Much attention has been given to this subject in Europe and India.

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2d, It has the great advantage of being *nearly tasteless.* The bitter is very slight, and not unpleasant to the most sensitive, delicate woman or child.

3d, It is *less costly :* the price will fluctuate with the rise and fall of barks, but will always be much less than the Sulphate of Quinine.

4th, It meets indications not met by that Salt.

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C. GILBERT WHEELER,
Professor of Chemistry."

"I have made a careful analysis of the contents of a bottle of your CINCHO-QUININE, and find it to contain *quinine, quinidine, cinchonine,* and *cinchonidine.*
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"I have used CINCHO-QUININE, and can say without any hesitation it has proved superior to the sulphate of quinine. J. G. JOHNSON, M.D."

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DR. I. C. BARLOTT."

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"I believe that the *combination* of the several cinchona alkaloids is more generally useful in practice than the sulphate of quinine uncombined.
"Yours truly, LANDON B. EDWARDS, M.D.
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"I have used several ounces of the CINCHO-QUININE, and have not found it to fail in a single instance. I have used no sulphate of quinine in my practice since I commenced the use of the CINCHO-QUININE, as I prefer it. F. C. BATEMAN, M.D."

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THE MEDICAL AND SURGICAL REPORTER:

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CONTENTS:

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

WIGHT, J. S.—Have Surgeons been Misled as to the Position of Fractures of the Bones of the Radius? Medico-Legal Bearings of the Answer 417

KEATING, JOHN H.—A Study of the Digestive Disorders of Phthisis 423

HOSPITAL REPORTS.

Jefferson Medical College.—Clinic of Prof. Gross.—Pathology and Treatment of Sclerosis of Mammary Gland.—Disease of Tongue.—Epithelial Cancer.—Mucous Tubercle.—Constitutional Syphilis 426

EDITORIAL DEPARTMENT.

PERISCOPE.

Therapeutic Results with Pilocarpin 429
Harmlessness of Urea in the Blood 431
Why Physicians Should Use the Metric System 431

REVIEWS AND BOOK NOTICES.

Notes on Current Medical Literature 432

BOOK NOTICES.

Practical Surgery; including Surgical Diseases, Bandaging, Fractures and Dislocations (Heath) 431

Notes on the Treatment of Skin Diseases (Duhring) 431

The Medical and Surgical History of the State of Iowa, for 1878 and 1879 (Thorp) 431

EDITORIAL.

THE CHINESE QUESTION 432

NOTES AND COMMENTS.

Atkinson's "Physicians of the United States" .. 433
On Cod-Liver Oil 433
The Skulls of Women 434
Poisonous Mushrooms 434
Chloral as a Revulsive 434
An Excipient for Pills 434
Thymic Acid and Sulpho-Thymate of Soda 434
The Management of Hydrocele 435
Administration of Salicylic Acid 435
Prize Essay on Masturbation 435

CORRESPONDENCE.

The Regular Education of Homœopathists (Lewis) 435
Experiences in the Yellow Fever (Horner) 436
Question of Maternal Influence (Payne) 436
Suggestions for Diphtheria, Acne and Gonorrhœa (Law) 437

NEWS AND MISCELLANY.

Medical Report for the Week Ending November 9, 1878 438
International Congress of Superintendents of Asylums for the Blind 438

OBITUARY.

Dr. Theodman H. Martin 438
MARRIAGES 438

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Ferrous Chloride is a neutral salt, consequently it has no action upon the teeth, and may be administered fearlessly. This fact and the delightful taste of my preparation render it an advantageous form for administration to children. Each fluid drachm contains one grain of Ferrous Chloride, which, owing to the certainty of its assimilation, is a full, active, adult dose.

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Chlorate of Potash is a remedy of acknowledged value in cases of Diphtheritic Sore Throat, and in Inflammation of the Mouth and Throat, induced by a depressed state of the system. In these instances, as in the milder forms of Croup, it has, besides its depurative and detergent effects, a solvent action on the deposits, characteristic of those troublesome and dangerous affections. It relieves Hoarseness; and in many cases of Fetid Breath from disordered secretions, it proves an efficient corrective. Its virtues in simple Angina, or ordinary Sore Throat, are recognized by many of the most eminent physicians.

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The Lozenges usually contain about twenty-five 25) grains of gum and sugar, with two grains of the Chlorate of Potash, while each of these Tablets contains simply five grains of the Chlorate, all of which, dissolved in the saliva, acts on the affected mucous membranes.

If allowed to dissolve in the mouth, the topical effect is much more efficient than a saturated solution, as, while the solution is but temporary, the tablet really acts as a continuous gargle.

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DIRECTIONS:—Adults should take one every hour or two until relieved, allowing it to dissolve slowly in the Mouth. Children half of one as often.

For Offensive Breath, no remedy will give more certain relief; use one, two or three times a day.

For Diphtheria, Croup, and the more serious ailments, the physician should direct.

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Pepsin, Pancreatin with Lacto-Phosphate of Lime and Lactic Acid.

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This pill will give immediate relief in many forms of Dyspepsia and Indigestion, and will prove of permanent benefit in all cases of enfeebled digestion, produced from want of proper secretion of the Gastric Juice. By supplementing the action of the stomach, and rendering the food capable of assimilation, they enable the organ to recover its healthy tone, and thus permanent relief is afforded. One great advantage of the mode of preparation of these pills is the absence of sugar, which is present in all the ordinary Pepsin and Pancreatic compounds. In this form, the dose is much smaller, more pleasant to take, and is less apt to offend the already weak and irritable stomach. The results of their use have been so absolutely satisfactory, that we are confident further trial will secure for them the cordial approval of the Medical Profession and the favor of the general public.

Each pill contains onegrain of pure PANCREATIN, which is equivalent to 10 grains of the ordinary or Saccharated usually prescribed and dispensed. Physicians will appreciate the great advantage of this mode of administration, the increased benefit to the dyspeptic being due to a full and effective dose of each, freed from unnecessary bulk, and really hurtful addition of sugar. A single pill will give immediate relief.

DIRECTIONS:—Take one pill immediately after eating or when suffering from Indigestion, Lump in the Throat or Flatulence. For children, reduce the pill to powder and give one-fourth or half, according to age.

JOHN WYETH & BRO.,

1111-eow **Chemists, PHILADELPHIA.**

THE
MEDICAL AND SURGICAL REPORTER.

No. 1133.] PHILADELPHIA, NOV. 16, 1878. [Vol. XXXIX.—No. 20.

Original Department.

Communications.

HAVE SURGEONS BEEN MISTAKEN AS TO THE NATURE OF FRACTURES OF THE BASE OF THE RADIUS? MEDICO-LEGAL BEARINGS OF THE ANSWER.

BY J. S. WIGHT, M.D.,
Professor of Surgery in the Long Island College Hospital.

The object in writing this paper is to establish scientific truth, to lay a foundation for correct practice, and to aid in defending the surgical profession against unjust suits at law for malpractice. It is safe to say that the truth is better than any man; but if the false has been made to seem to be true, and thereby one reputable surgeon has been unjustly ruined in reputation and prospect, it is also safe to say that the responsibility of his ruin rests with those who have, perhaps without intention, made the false seem true. And hence we may say that any man is better than that which is false in surgical science.

In this spirit I must proceed to do what has been, by the combination of various circumstances, imposed on me as a simple and imperative duty. And this is my only apology for taking up valuable time with a subject that has been so long threadbare.

In descriptions of the forearm it is convenient to use such terms as will convey the same meaning, no matter what position the forearm may occupy in regard to the body. Hence a few definitions may be made at the outset.

Let the forearm be in any position—

1. *Outward* means from the ulnar to the radial side of the forearm.

2. *Inward* means from the radial to the ulnar side of the fore-arm.

3. *Backward* means from the palmar to the dorsal aspect of the forearm.

4. *Forward* means from the dorsal to the palmar aspect of the forearm.

5. *Upward* means from the wrist joint toward the elbow.

6. *Downward* means from the elbow toward the wrist joint.

7. The *transverse* diameter of the forearm is from side to side.

8. The *conjugate* diameter of the forearm is forward and backward.

These definitions will apply to the base of the radius, as well as the forearm. And it is proper to define the base of the radius, since our object is to consider the fractures of this part of the radius.

Now, I have more than once pointed out that the compact tissue of the shaft of long bones is expanded into the plates of the cancellous tissue of the articular ends. This fact is beautifully exhibited in the base of the radius by various sections made with a saw. The sections are made in three directions, namely—

1. Several sections are made transversely to the axis of the articular surface of the base of the radius.

2. Several sections are made in the axis of the radius and in the transverse diameter from below upward.

3. Several sections are made in the axis of the

radius, and in the conjugate diameter from below upward.

These sections are all made in the base of the radius, and show the following facts, namely—

First. The compact tissue of the shaft of the radius begins to expand into the cancellous tissue of the articular end, sometimes about two inches above the wrist joint; sometimes about one and one-half inch above the wrist joint; and sometimes about one inch above the wrist joint. And for the sake of convenience we may call the distal end of the radius, that is more or less made up of cancellous tissue, *the base of the radius*. Hence, the base of the radius may be from less than one inch to about two inches in length, according to circumstances. The average length of the base of the radius is about one and one-fourth inch.

Second. There is a layer of quite firm compact tissue, about one-eighth of an inch thick, making up the distal articular surface of the radius. This is the bottom of the base of the radius.

Third. From this layer of compact tissue upward, a distance of about three-eighths of an inch, the base of the radius is nearly all cancellous tissue, the compact tissue being very thin.

Fourth. But the compact tissue, even in the part of the base of the radius just described, begins to be thicker on the anterior than on the posterior surface.

Fifth. At a distance of five-eighths and six-eighths of an inch from the wrist joint the compact tissue on the anterior surface of the base of the radius is about one-sixteenth of an inch thick, while the compact tissue on the internal surface is quite thick, and the compact tissue on the posterior surface is beginning to be thicker.

Sixth. At a distance of about one and one-half inch from the wrist joint, the compact tissue of the base of the radius is nearly of uniform thickness on all sides of the bone.

Seventh. Sometimes at a distance of about two inches from the wrist joint the compact tissue of the shaft of the radius begins to expand into cancellous tissue, and is quite uniform in thickness on all sides of the bone.

Eighth. There is more cancellous tissue on the posterior side than on the anterior side of the base of the radius.

The following statements, based on actual measurements of the base of the radius, may now be made, namely—

(*a*) Pass a plane through the axis of the shaft of the radius and parallel with a plane passing through the transverse diameter of the base of the radius; about three-fourths of the articular surface of the base of the radius will be in front of this plane.

(*b*) Pass a plane through the axis of the shaft of the radius, and parallel with a plane passing through the conjugate diameter of the base of the radius; about two-thirds of the articular surface of the base of the radius will be internal to this plane.

(*c*) The articular surface of the base of the radius has a double obliquity; (1) inward, and (2) forward.

The following table of five cases of measurement of radii, taken at random, will afford a fair indication of the double obliquity of the distal articular surface of the radius:—

NO.	INWARD OBLIQUITY.	FORWARD OBLIQUITY.
1	10°	10°
2	20°	15°
3	10°	10°
4	15°	15°
5	10°	10°

From this table may be drawn the following approximate conclusion, namely: The inward and forward obliquity of the distal articular surface of the radius to the axis of the shaft is from ten to fifteen degrees.

There are some points of importance, relating to the functions of the wrist joint, to be considered in this place: (1) The hand can be flexed nearly to a right angle with the forearm. (2) The hand can be extended nearly to a right angle with the forearm. (3) The hand by lateral ginglymus can be bent inward on the forearm, so as to make an angle of about forty-five degrees with the ulna. (4) The hand by lateral ginglymus can be bent on the forearm, so as to make an angle of about twenty-five degrees with the radius. (5) The hand has but very little rotation on the forearm. (6) The hand can perform considerable circumduction on the forearm. The above motions are supposed to be done by volition. The extent of the motions may be increased by the application of external force; and the rotation of the hand on the forearm can be largely increased by this means. And in some cases the hand can readily be pushed backward so as to make the arc of extension greater than ninety degrees.

The contractile force of the muscles that flex the hand is greater than the contractile force of the muscles that extend the hand, as can be proved by experiments on the living forearm and on the dead forearm, and by mechanical considerations. And the resistance the flexors can make to extension of the hand is greater than the resistance the extensors can make to the flexion of the hand. The muscular resistance to extension of the hand is increased by certain mechanical relations, found in the forward projection of the points of insertion of the muscles that flex the hand. But the general dynamic effects upon the base of the radius caused by forcible extension of the hand may be described under the following heads, namely—

1. The whole hand will represent a lever, which may be called the hand lever.

2. The base of the radius will be the fulcrum on which the hand lever rests.

3. The long arm or the power arm of the hand lever will be the distance from the point of greatest pressure on the base of the radius to the ends of the fingers.

4. The short arm or the weight arm of the hand lever will be the distance from the point of greatest pressure on the base of the radius to the points of insertion of the resisting muscles, modified by the position of the anterior ligament of the wrist joint.

5. Approximately stated, the length of the long arm of the hand lever is about six inches; and the length of the short arm of the hand lever is about one inch.

6. The power and the weight will, therefore, have the ratio of 1 : 6.

7. The power will be the extending force applied to the hand.

8. The weight will be the contractile energy of the flexible muscles.

9. The pressure on the fulcrum, or the base of the radius will exactly equal the sum of the power and the weight. It will be the sum of the extending force and the contractile energy of the resisting muscles, and possibly plus the resistance of the anterior ligament of the wrist joint.

10. The principal component of the muscular contraction acts in the direction of the axis of the shaft of the radius, and, under the conditions named, in the direction of the axis of the base of the radius.

11. It is generally admitted that muscular contraction can and has broken various bones of the body. This takes into account the great power of contracting muscles, and also the possible fragility of bones.

12. Now add to the muscular force the extending force applied to the hand, and we have a pressure that may at times fracture the base of the radius. Suppose, for instance, that a force of fifty pounds is applied to the power end of the hand lever; the force that is applied to the weight end of the hand lever will be 300 pounds, and the force that presses on the base of the radius will be 350 pounds. And if 100 pounds of extension be applied to the power end of the hand-lever, there will be a pressure of 700 pounds on the base of the radius.

Some facts relating to accidents must be introduced now. A patient falls on the palm of the hand. Two dynamic conditions are apt to supervene, in the following order, namely: (1) When the power end of the hand lever begins to meet a resisting surface, the flexing muscles of the hand begin to contract, and the carpus is pressed against the base of the radius, with more or less force, according to the power of the contracting flexors. And the hand will not ordinarily be extended beyond a right angle, so that at present the anterior ligament of the wrist joint may not be taken into account. (2) Consecutively and unavoidably the carpus will meet the resisting surface; of this fact there can be no doubt whatever. The downward and forward motion of the carpus will be arrested, and the downward and forward motion of the base of the radius will be arrested. But the shaft of the radius has a similar motion, and that will be arrested also. Now the reaction of the resisting surface will drive the carpus against the base of the radius, which will be driven against the descending radial shaft. The force of the reaction, which will be equal to the action, will, in a typical case, be upward, backward, and outward. And this reaction will instantly follow, and be more or less combined with the pressure of the hand-lever. The pressure and the reaction will be exerted on the base of the radius.

The facts of structure and function, as well as the mechanical considerations that have already been enumerated, have an important bearing on the causation, the seat, and the direction of fractures of the base of the radius. And let me note in this place, that different writers have given different accounts of these fractures. But it is quite generally agreed that

the base of the radius is ordinarily broken near the wrist joint. And I may add in this connection, that the fracture named after Colles is found, according to different observers, from a few lines to more than one and one-half inches above the articular surface of the base of the radius. In this general way will the phrase *Colles fracture* be used in this paper.

In regard to fractures of the base of the radius, the following general statements may be made, namely:—

1. It is very difficult at times to make out the seat and direction of a recent fracture, especially when the fracture is near a joint, as is the case in Colles fracture. And we may say, that it is sometimes impossible to make out certainly the seat and direction of a recent fracture.

2. When the soft parts are "thin," and there is no swelling, it is not difficult to determine the seat and direction of a recent fracture.

3. It is generally known that there is a great diversity of opinion among surgeons as to the seat and direction of Colles fracture in recent cases on the living subject.

4. Yet it must be, that the gentlemen who have made statements in regard to the seat and direction of Colles fracture have been good observers, and have quite correctly put on record what they have seen. They may have made some mistakes, but they cannot be all wrong always.

5. It is possible that good observers have been, in the main, near the truth in the records of their own observations of the seat and direction of Colles fracture.

6. This would only show that different observers had seen and described different facts. And, for this reason, it would not be necessary to reconcile different views of the pathology of Colles fracture. One who has seen only white horses cannot say that all horses are white; and one who has seen only black horses cannot say that all horses are black; somebody else may have seen a few gray horses.

7. The fact is, that fractures of the base of the radius, and also Colles fractures, have a various pathology, as can be shown by evidence that ought to satisfy any surgeon.

8. It is easy for the surgeon to make out the seat and direction of a recent fracture by a careful post-mortem examination.

9. Our knowledge of the seat and direction of Colles fracture, derived from post-mortem examinations of recent cases, would be exact and reliable.

10. It does not often happen that a patient having Colles fracture has been so severely injured as to cause death. And so only a few cases of Colles fracture have had a post-mortem examination.

Now, before considering some cases of post-mortem examination of Colles fracture, I will briefly as possible describe two fractures of the lower end of the radius, as follows, namely.

During the spring of 1878 two cases of fracture of the lower end of the radius came to my clinic and were treated by me:—

Case 1.—The first patient was forty-five years of age, born in Holland, and had been married about two years at the time of the accident. He had been a nurse, but was a laborer on a railroad when he broke his radius. He was lifting an iron rail with his hands, when he felt something give way in his right forearm. His right radius was broken nearly transversely, not quite two inches above the wrist-joint. The measurement could be made with exactness, because the bones were prominent and there was no swelling. If there was any displacement, the distal end of the upper fragment was forward and inward. There was no apparent shortening of the radial side of the forearm, the hand not falling to the radial side; and the forearm was somewhat flexed and pronated.

The measurements of this patient's lower limbs are recorded in my tables on shortening of the femur. The left lower limb was one and three-eighths inches longer than the right lower limb. On measuring them, the bones of the left upper limb are found longer than the corresponding bones of the right upper limb. This fact seems to point to a defect of development in the patient's bones on the right side. The right radius is broken, and the inference is that the fracture would not have occurred if the bone had been well developed. The right radius was incompetent to sustain a powerful voluntary effort of the flexing and pronating muscles of the hand and the forearm. We may suppose that the strong muscles on the palmar side of the arm and the forearm were suddenly contracted in the attempt to lift the iron rail, and while the hand was kept from flexing at the wrist joint by the weight of the iron rail, the carpus being pressed against the base of the radius, the flexing force of the muscles of the arm and the forearm, especially the pronator

radii teres, the biceps brachii, and the brachialis anticus, was competent to break the radius as described, so that the fracture was the result of muscular contraction under the conditions named. This fracture could not be called a Colles fracture, being rather too far from the wrist joint. It occurred at the upper limit of the base of the radius.

Case 2.—A seaman, twenty-eight years of age, born in Germany, fell on the floor of a ship, striking on the palm of the right hand. He came to my clinic the next day, presenting the following appearances, namely: there was no swelling of the soft parts; there was some pain; there was no crepitus; there was no shortening of the radius; the transverse diameter of the distal end of the right forearm was one-fourth of an inch greater than the transverse diameter of the distal end of the left forearm, indicating that the carpal bones had split the base of the radius like a wedge, as was found in the autopsy of the case reported by Professor Bigelow. Accordingly, it was concluded that there was a longitudinal fracture of the base of the radius. This fracture could not be called a Colles fracture, and yet the force causing it might have produced a characteristic Colles fracture.

Let us now bring forward some cases of post-mortem examination of recent fractures of the base of the radius, pointing out such as may be called Colles fracture.

Case 1.—Professor H. H. Hamilton, in his work on fractures and dislocations, relates the case of M. Lenoir, who supposed his patient had a dislocation of the hand backward. But the patient died, when an autopsy showed that a considerable fragment had been broken from the posterior lip of the articular surface, the line of fracture being from below upward and from before forward.

Case 2.—Professor Erichsen dissected and carefully examined a fracture of the base of the radius of a woman, who died twelve days after the injury. "The lower fragment was split into three portions, between which the upper fragment was so firmly impacted, to the depth of more than half an inch, as to require some force in its removal. The three portions into which the lower fragment was split were of very unequal size; the two posterior ones being small, consisting merely of scales of bone; the third fragment the largest, comprising the whole of the articular surface of the radius, which was somewhat tilted upward and backward, carrying the hand with it. To this fragment were attached the supinator longus, and the greater part of the pronator quadratus; the ligaments and the capsule of the joint were uninjured."

Case 3.—Professor Erichsen also relates the following case, namely, "A man, sixty-four years of age, fell to the ground from a height of twenty-five feet. In his fall he broke his left radius just above the wrist, but also met with such severe injuries of the pelvis and abdomen that he died in an hour after admission to the hospital. On carefully dissecting the arm, about twenty-four hours after death, I found that the radius was fractured transversely, about half an inch above its lower articular end, and the lower fragment was completely comminuted."

Case 4.—Says Professor Gross, in his work on surgery: "In the case of a young man whom I attended along with Dr. Chenowith, the lower extremity of the radius was split in two by a transverse and an oblique fissure, the larger fragment being completely detached, and thrown forward and inward over the ulna, whence, as it was impossible to replace it, I removed it by incision." This case, because of the examination at the time of the operation being exact and certain, may be included with post-mortem examination of fractures of the base of the radius.

Case 5.—Again says Prof. Gross: "In my private collection is a specimen of transverse fracture of the radius, extending into the joint, and detaching the head [part of the base] of the bone by several small, vertical fissures. In this case I had an opportunity of dissecting the parts, in consequence of the removal of the forearm, above its middle, by another surgeon, several weeks after the occurrence of the accident." This case, for obvious reasons, may also be included in post-mortem examinations of the base of the radius.

In the *Medical Record*, for April, 1870, Prof. E. M. Moore describes the post-mortem appearances of two recent fractures of the base of the radius, occurring in the same patient. "In May, 1869, Mary Tumey, aged 45, in a paroxysm of insanity, threw herself from the third story window of St. Mary's Hospital, striking the ground with both hands, receiving also a blow on the spine, opposite the second and third dorsal vertebræ. The spinal cord was crushed, and

both wrists broken, producing Colles fracture. She breathed but twenty minutes."

Case 6.—The examination of the right forearm of Mary Tumey, after the fall, showed a transverse fracture of the base of the radius. The lower fragment was about one-half inch in length, and its broken end was riding on the periosteal surface of the back of the distal end of the upper surface, without the slightest impaction. Crepitus was absent. And the internal lateral ligament of the wrist-joint was torn from the styloid process, separating the scale of compact bone composing the end and inner surface.

Case 7.—The examination of the left forearm of the same individual showed a fracture of the base of the radius oblique in two directions. "Commencing within a quarter of an inch of the wrist joint, on the palmar surface, the line ran back to three-fourths of an inch, inclining to the ulna." Did the lower fragment ride on the upper fragment, as that of the right radius did, at a right angle to the shaft? It can be understood how the oblique broken end could ride on the back of the upper fragment. And this is probably the meaning of Professor Moore's description. The left internal lateral ligament was ruptured, separating more bone than on the right side.

Dr. Hector Cameron, of Glasgow, has made post-mortem examinations of two recent cases of Colles fracture. The description of his cases is taken from the Medical and Surgical Reporter, as follows:—

Case 8.—The fracture was transverse, from side to side, and oblique, upward and backward. As to the lower fragment, the length of the anterior surface was about one-fourth of an inch, and the length of the posterior surface was about one inch. The lower fragment was somewhat comminuted, and the broken surface of the upper fragment was extremely rough and denticulated. A toothed projection on the upper fragment so held the lower fragment in its new position, upward and backward, that it could not be reduced, except by great force.

Case 9.—In the second specimen the fracture was transverse, and about one inch above the articular surface of the bone. In front the break was hardly complete, the periosteum holding the fragments together, but allowing them to bend at an angle there, as upon a hinge, so that the lower fragment is tilted backward and upward, its articular surface being turned backward, upward and outward. On the posterior aspect the fracture was complete, and the dense outer covering of the upper fragment was driven firmly into the substance of the lower, splitting it into three fragments, which held closely and securely together. The impaction was complete and irremediable. Although firm extension improved matters, it did not unlock this connection between the two fragments on the back of the bone.

Now, there can be no doubt about the seat and direction of the fractures of the base of the radius above described, unless we throw doubt on the honesty and accuracy of the reporters; and this we are not justified in doing. From the descriptions may be drawn the following conclusions, namely:—

1. There are nine cases of fracture of the base of the radius above recorded.

2. Eight of these fractures are called Colles fracture by the reporters; two by Professor Erichsen; two by Professor Gross; two by Professor Moore, and two by Dr. Cameron. The other reminds one of the fracture described by Dr. Barton.

3. In one case an oblique piece was broken from the posterior lip of the base of the radius.

4. In two cases the seat of the fracture was one-half inch from the articular surface of the base of the radius.

5. In two cases the seat of the fracture *averaged* about one-half inch from the articular surface of the base of the radius.

6. In one case the seat of the fracture was three-fourths of an inch from the articular surface of the base of the radius.

7. In one case the seat of the fracture was one inch from the articular surface of the base of the radius.

8. In two cases the seat of the fracture was not recorded, but, judging from the descriptions, it must have been very near the articular surface of the base of the radius.

9. The average length of the lower fragments of eight cases of Colles fracture was about $\frac{53}{100}$ of an inch. This is nearly one inch short of the estimate of Colles himself.

10. Two fractures were completely transverse.

11. Two fractures were both transverse and oblique.

12. One fracture was simply irregular, but probably somewhat transverse.

13. One fracture was irregular and vertical.

14. Three fractures were oblique; one was oblique in two directions.

15. There were three fractures impacted.

16. There were six fractures that were not impacted.

17. There were six fractures in which there was more or less comminution.

It may be claimed that the cases of fracture above enumerated were caused by extreme violence; and yet this point cannot be urged, because the reporters do not mention extreme violence as a cause; and because, when death occurred, it was from injury to more vital parts of the body; and because clinical observation, from time to time, shows cases of fracture of the base of the radius, in which have been found impaction, comminution, obliquity and marked deformity. On any supposition as to violence of cause, eight of the cases were claimed by the reporters as Colles fracture.

(*To be Continued.*)

A STUDY OF THE DIGESTIVE DISORDERS OF INFANCY.

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I think that most of my readers whose practice has brought them much in contact with children have noticed that of all the hereditary predispositions there are none that show themselves earlier than those terminating in the varieties of dyspepsia, whether from imperfect assimilation or imperfect secretion. I feel convinced that many cases of the various digestive disorders of children, so often said to depend upon improper food, are, in reality, due to imperfect digestive capacity, which renders food, however inert, irritant, by decomposition or fermentation. Who has not noticed the pale, half-nourished infants of literary dyspeptics, with their frequent indigestions, though fed, with a zealous care, on the most nourishishing and simplest of food! They are martyrs to flatulence and acid dyspepsia, exhibiting, from the first hour of their birth, peculiarities acquired by their parents and transmitted to them.

I go still further, by attributing many of the diseases that show themselves later in life, particularly those of the tubercular and scrofulous diatheses, to mal-assimilation in infancy, from hereditary or acquired disturbance in nutrition. I think this point deserves more than a passing notice. So much has been said upon the choice of food for infants, but so little stress is laid upon the preparation of those materials in the alimentary canal of the child that will insure the proper digestion and absorption of all the required varieties of food; in other words, so little has been said of the disturbance of secretion in childhood and how to correct it.

If we lay down the rule that all children are to be fed upon that food which, judged by experience, is *easiest* of digestion, we will invariably fall into the error of omitting some important element of diet, which, though destined by nature to nourish and strengthen, cannot reach the tissues, on account of some digestive deficiency.

This is easily understood if we take an example. Suppose an adult with phthisis is incapable of digesting fats. We do not on that account exclude at once all fatty food, but we use every means to aid him by supplying those elements that are essential to the digestion of oily food. If a child is unable to digest cow's milk, and we give condensed milk that is deprived of oil, etc., we simply avoid the difficulty by a sin of omission; the child will not suffer from a digestive disturbance, but will die of inanition. It would be like feeding a laboring man on dry toast and tea, whose gastric powers were too weak to digest meat, but whose tissues demanded its support. But then, again, we might supply all the nourishment that nature and art teach us are necessary for the maintenance of health and growth, and if imperfect absorption, or none at all, takes place, and some of the elements pass off unchanged, or are fermented or decomposed, it would have been better had they been omitted altogether. From this we see that we are not alone to look to the food in remedying the disturbances of early childhood, but we are to see that each element to be used in nutrition is *supplied*, *digested* and *absorbed*. The reason, I believe, that we find in the market so many varieties of infants' food is the desire to avoid certain constituents of mothers' milk, which, though absolutely necessary for nutrition, are difficult of digestion; the almost invariably absent ingredient is the oil.

Let us for a moment study the condition of the secretion in early childhood. The glands of the mouth, in infancy, seem to

have little to do in the digestive process. As far as we know, the function of the liver is one of the most important, aiding the absorption of oils, checking decomposition and fermentation, and increasing the peristaltic action of the intestines. The pancreatic juice emulsifies the oil, aids the digestion of the milk curds, and is in other ways important. The child in health can then easily digest all the constituents of its mother's milk, but disturb one of these secretions, and that constituent of milk upon which it acts will fail to be digested, and will act as an irritant.

The excessive delicacy of the nervous system in infancy will cause the slightest reflex disturbance in the digestive canal, whether the cause be teething, blood poisoning, improper food, or uncleanliness, each one acting in its own peculiar way, aided by the inherited or acquired weakness of the digestive system of the child. The excessive heat of summer, with the poisoned city air, acting upon the nerve centers, will send a reflex influence that will check the action of the intestinal glands, arrest the activity of the liver. The saccharine food will develop acidity, the undissolved curds will remain as irritants or undergo decomposition, causing an increase in the secretion of mucus, part of which will ferment, and the rest will be made evident by its appearance in the stool. The passages will then assume a curdled, watery appearance, containing oil and mucus; they will be accompanied by pain, and voided continually. These stools are acid from the fermentation of the food and the mucus. So suddenly, indeed, has the arrest of secretion allowed the development of gases to take place in the stomach by fermentation, that enormous distention of this organ has caused a convulsion to be the only evidence of it. Relief in such cases has followed the introduction of a gum catheter into the stomach, resulting in the expulsion of gas. Reflex irritation seems to develop *two** distinct forms of infantile diarrhœa, the one pre-eminently dependent upon teething, and showing itself in general nervous irritability, sleeplessness, very acid eructations and vomiting, frequent white or very light, yellow-colored stools, ofttimes containing mucus and sometimes assuming a constant or subacute type; the other more probably dependent upon high temperature and blood poisoning, having marked cerebral symptoms, with constant vomiting, little acidity, little flatulence, great pain, and frequent, thin, watery, dark-green stools, containing mucus and blood, in fact, frequently being almost black in color, composed of serum and altered blood corpuscles. In midsummer both these varieties may be combined. In a large number of cases I have had the stools tested by litmus paper, and my report shows that though acid in the former variety, the reaction was alkaline in the latter. I believe the alkalinity to be dependent upon serum that exudes from the engorged capillaries, due to vaso-motor paralysis. An examination of the passages of children in health shows very slight alkalinity. Attributing, then, all the diarrhœa of children to three causes, namely, *improper feeding*, of which I shall not now speak, *reflex arrest of secretion* and *intestinal catarrh* (this latter may be the result of the reflex irritation, or it may be due to the presence of undigested food), I regard the matter of treatment as far more simple than a glance at our text books would lead us to suppose.

The first of these causes is easily obviated by attention to diet. The second, occurring as it most usually does in early summer, in our large cities, requires fresh air, attention to the skin, frequent bathing, cold sponging, and light clothing, with ice to the inflamed gums, if needful, before any medicinal treatment will be of avail. Lessen the reflex irritability by means of the bromides, particularly those of potassium and ammonium, and having once prevented the further action of the cause, re-establish the normal secretions within the intestinal track. The association of teething with the various digestive and nutritive disorders of children, is certainly complete, if, indeed, they are not dependent upon one another, as some authors refuse to believe. It may be that teething renders a child extraordinarily vulnerable to outside influences, but I believe that they are more closely connected. Should the case come to us in which intestinal catarrh has been fairly established, our treatment will depend upon which of the two varieties before mentioned we have to deal with. Suppose, for instance, the child be brought to our notice with the following symptoms: a diarrhœa that has lasted several days, of from six to twelve passages a day. The stools are light-yellow or white, watery, curdled and containing considerable mucus. There is pain, described as colicky, which has

* The one usually described as entero-colitis; the other as cholera infantum.

lasted from the commencement, with flatulence. The child has vomited almost immediately after nursing. It has been fed on milk which has heretofore agreed with it; the matter vomited has been extremely acid, and composed almost entirely of curdled milk. The mouth is dry, the tongue coated with a white fur. Emaciation is beginning to show itself. Our first endeavor should be to discharge from the bowel the decomposing curds and mucus, and to re-establish the secretion of the various glands. Often repeated doses of the emulsion ol. ricini, with or without the addition of creasote in minute doses (depending upon the fetidity of the stools), are indicated when the stools are lumpy and mucoid, and when there is much straining; this may be followed by injections of starch water, to act directly upon the mucous membrane of the rectum; otherwise minute doses of calomel with bismuth in full doses, and with or without rhubarb, should be used from the start. It would be folly to attempt to feed a child in this condition upon its usual diet; give pieces of ice to such, if the thirst is excessive; give condensed milk or cow's milk boiled, freely diluted with barley, or rice water; substitute weak beef tea, if the child's stomach will bear it; avoid sugar in any form, and all varieties of solid food. The stools are acid, and the endeavor should be to neutralize the acidity, and to prevent further fermentation. If the diarrhœa should still continue it can be checked by chalk mixture, or preferably the use of large doses of bismuth and soda, in acacia mucilage. Indeed, "soda mint" has acted admirably in many cases. Within the last year my attention has been called to the use of salicylic acid in these cases. I have used it in the following formula, in these acid diarrhœas.

℞. Acid salicylic
Spts. ammon. aromat., q.s.
Aq. menth. pip. M.

Sig.—Beginning with half-grain doses three or four times daily for a child a year old. It may be used in powder with bismuth.

Of the other variety of diarrhœa, I may cite the following as an example. A child is brought in this condition; sudden and profuse diarrhœa, with or without vomiting, has set in, attended with more or less rise in temperature. The stools soon become dark green and very watery; there is scarcely any flatulence, but the child cries with incessant pain, which soon gives evidence of a cerebral origin. The stools may be alkaline; I have previously suggested a reason, which I think plausible. In such cases it has been found that the only certain and effectual treatment, after making use of the hygienic measures before suggested for such cases, is the acid one, the free use of the diluted mineral acids associated with very small doses of morphia and brandy, p.r.n. If necessary, nux vomica, gallic acid, or even ergot, may be added to the mixture. The acids will quickly alter the character of the stools, and their use must be abandoned as soon as they neutralize the excessive alkalinity. The child may be nursed in mild attacks, particularly, if it is very young; otherwise, use condensed milk, or cows milk, diluted, warm and *fresh*. Lime water seems to be injurious, as would be supposed. It may be necessary to give at the commencement a small dose of castor-oil, to empty the bowels and to relieve the capillary engorgement, before using the acids. The bromides are indicated, and cold sponging with acidulated water is also of great advantage.

For internal treatment dilute nitro-muriatic acid is, probably, preferable to any other form, particularly after the very acute part of the attack, on account of its action on the secretions. Aromatic sulphuric acid is decidedly the best in other cases, being most astringent, and should be used where the stools are dark and frequent. Dilute phosphoric acid may be ordered where there is much exhaustion. I have expressed myself highly in favor of condensed milk, partly because it is easy of digestion, on account of the absence of oil; also because there is no danger of it forming large and irritant curds. But when it is used the oil must be supplied in another way.

The rubbing of cod oil has been followed by such excellent results that I again * desire to call attention to it. In all the cases that I thought it advisable to recommend condensed milk, I have invariably found the treatment defective unless associated with the outward application of some of the oils, preferably cod oil, though I may say that cocoanut oil † may be substituted if the odor of the former is too objectionable.

I quote a few cases from my note book to show how much gain can be expected.

A. B., aged two years, delicate from birth,

* See Philadelphia *Medical Times*.
† As recommended by Dr. S. Weir Mitchell.

was brought to the hospital unable to walk, emaciated, from continued diarrhœa. No measurements taken. After two months of cod-oil rubbing, this child grew strong and hearty.

C D., aged three years, very delicate child. After an attack of scarlatina became emaciated and dyspeptic. On the 9th of August, 1876, ordered nothing but beef juice, condensed milk, and cod-oil rubbing. On August 27th the child weighed 24½ pounds. On September 18th weight was 29½ pounds, and after this improvement continued.

E. F., age thirteen months; rapid emaciation following entero-colitis. Placed on condensed milk and cod-oil rubbing. August 23d, weight 14 pounds. October 10th, weighed 17½ pounds.

G. H., aged thirteen months, with same history as last. On September 4th, 18 pounds. September 12th, after treatment, weighed 19 pounds.

J. K. This child was brought to the hospital so weak as to be almost moribund. The emaciation was excessive, and the diarrhœa was continuous. Small doses of brandy and sulphuric acid were administered. Condensed milk freely diluted, and beef juice given at intervals. Cod-oil rubbing twice daily. On September 10th, the date of application, this child weighed 14 pounds. On September 26th, its weight was 16 pounds and 2 ounces. Within a few weeks the child walked into the clinic room strong and active.

These few cases will serve, I think, to show the value of this form of treatment.

The following cases, taken from my note book, will illustrate the above paper.

August 2d. Girl, fifteen months; sick four weeks; four or five passages a day, green and watery. Diagnosis, atony from entero-colitis. Ordered nitro-muriatic acid diluted with tincture nux vomica, in syrup. August 18th, returned as well.

August 2d. Child, nineteen months; sick three days; eight passages, light green, slimy; ordered emulsion ol. ricini. August 6th, stools free from mucus; ordered soda bicarbonate, pulv. rhei, pepsin. August 18th, reported as well.

August 3d. Aged eleven months; slight vomiting; passages dark green and very watery; ordered aromatic sulphuric acid and brandy. August 5th, passages solid, natural; no vomiting; well.

August 24th. Aged thirteen months; watery, light yellow stools; frequent vomiting; tried sulphuric acid mixture. August 27th, passages still acid, child no better; ordered bismuth, salicylic acid, soda bicarbonate in mucilage. August 31st, child well, passages neutral.

August 17th. Seventeen months; continual stools, yellow, watery, and vomiting; tried sulphuric acid mixture with no effect, replaced it by alkaline mixture; child reported as well.

I have endeavored to show that the treatment of the diarrhœas of children is not altogether an empirical one, as would be supposed from reading the many journal articles of the day. The choice between the acid and alkaline treatment is based upon thorough scientific principles, which leaves the practitioner very little room for doubt which form of treatment will be the most serviceable in each particular case. If my report, the result of investigation of over a thousand cases, coincides with that of others of the profession, my labors will not go unrewarded.

22d and Locust streets, Philadelphia.

Hospital Reports.

JEFFERSON MEDICAL COLLEGE HOSPITAL.

CLINIC OF PROF. GROSS, OCTOBER 2d, 1878.

Pathology and Treatment of Scirrhus of Mammary Gland.

Gentlemen.—Amelia T., aged forty years, comes to us with an affection of the right mammary gland, of which the following history has been elicited by my assistant: About two years ago she first noticed, in the substance of the breast, a small, hard lump, about as large as a common marble. There was no pain in the growth, and she discovered it accidentally. Since that period the growth has slowly increased in size, the overlying skin finally becoming reddened and inflamed, and about seven weeks ago it broke down into the ulcer which she now presents for our inspection. During the development of the disease, the breast became the seat of dull, aching pain, extending into the axilla and across the chest. She is losing flesh, her appetite is poor, and her strength has greatly failed in the progress of the disorder.

You observe, upon the upper and outer aspect of this poor woman's breast a small, irregular, ulcerated surface, exuding a thin, sanious fluid. The surrounding skin is discolored, and the edges of the ulcer are ragged and undermined.

Grasping the gland we find that the diseased portion is movable, and evidently is not attached to the aponeurosis of the great pectoral muscle, lying immediately beneath it. The tumor is dense and inelastic; it is decidedly hard throughout its entire extent. Notice the retraction of the nipple. A morbid deposit has here taken place, which has completely involved the substance of the mammary gland. Indeed, upon exploring the axilla, I find some lymphatic glands that are evidently undergoing a similar process of degeneration by migration and infiltration of cells.

The diagnosis of this case will be sufficiently easy for those of you who have already been in attendance upon my lectures. There is no doubt whatever, that it is a case of scirrhus of the mammary gland, hard carcinoma as it is sometimes called, a variety of cancer frequent among women, less so in men. Its cause is obscure; it has been supposed to be connected with some alteration in the constitution of the blood, but in the great majority of cases it arises without any assignable cause whatever. Generally making its appearance after the fortieth year of age or between forty and fifty-five, it occasionally is met with before this period, at the age of thirty-five or even twenty-five, and it is said to have been encountered in the mammary gland of the virgin before puberty; this, however, must be uncommon. In advanced life, also, it is less often met with, though I have seen it occasionally after the age of seventy. The disease may originate near the surface, in which case there will be comparatively early involvement of the skin; in other cases it remains for a long time in the glandular structure, making very slow progress toward the superficial parts. The lining membrane of the tubules may be the part originally at fault, or it may arise in the interlobular areolar or connective tissue, and lymphatic vessels. In some cases it involves the entire mammary gland at a comparatively early period; the deposit around the milk ducts causes contraction, and produces the characteristic depression of the nipple, to which I have called your attention. At first the overlying skin is perfectly natural in its appearance, but ultimately the disease, in its course, invades the lower layers of the derm, and by disturbance of the circulation and plastic deposit, produces discoloration, inflammation and finally ulceration, from interference with the nutrition of the skin. The ulcer thus produced has a peculiar appearance, as if scooped out with a punch, having thick, irregular edges, generally everted, though sometimes turned in. The surface has an unhealthy appearance, being covered by spoiled or cacoplastic lymph, or plasma entirely unfit for purposes of repair, or the development of granulations. The ulcer sometimes bleeds, but rarely to any noteworthy extent. The irritating secretion flowing over the external skin causes redness and excoriation if continued, and the surrounding parts become thickened by plastic deposit. The disease may invade the aponeurosis of the pectoral muscles, or following the course of the lymphatic vessels, may invade other organs, particularly the axillary lymphatic glands. The pain is characteristic; it is sharp and throbbing, even lancinating, worse at certain times in the day than it is at others, liable to be influenced by the weather, coming on in paroxysms, or it may be persistent. At first it is limited to the affected breast, but afterward it radiates into neighboring structures, sometimes shooting down the arm all the way to the tips of the fingers. It finally becomes so severe as to require large doses of anodynes for its relief. The enlarged glands in the axilla may seriously interfere with the circulation of the arm by mechanical pressure upon the blood vessels and lymphatics, and thus produce great œdematous swelling, and almost completely destroy the usefulness of the limb.

The secondary disease may be limited to one of the axillary glands, but there are generally more, sometimes forty or fifty, hard, firm and tender, the absorbent vessels from the breast having carried the cancer cells to this place. As the affection progresses and the corresponding arm becomes heavy from infiltration with serum, the pain and discomfort greatly increase, and the sufferer cannot rest either by night or day. The diseased parts become the seat of constant pain. The patient's mind, from constantly dwelling upon the subject, is so tortured with apprehensions for the future that she is utterly unfit for the ordinary occupations of life. The tumor, so hard at first, finally becomes soft and juicy at its centre, and commences to disintegrate. Under the microscope, a section of the growth presents an immense number of cancer cells, which are characteristic in their appearance. Many of them are circular; a few are ovoid in shape, sometimes irregularly lanceolate. They lie in a fibrous network or stroma, and are distinguished by the presence in their interior of large nuclei and nucleoli.

Now, as regards treatment: the stage of the disease will require our consideration. All that we can do in the advanced condition, with extensive secondary involvement, is to palliate and relieve suffering, make the patient comfortable by attending to the general health, and secure sleep and respite from pain by giving anodynes. A carefully regulated diet should be used, simple but nourishing in its character, so as not to burden the stomach. Attention should be paid to the secretions. The bowels should be kept moderately open by enemata or mild laxatives. Tonics are generally indicated. Quinine, cinchonia, tincture of chloride of iron, and milk punch or other stimulants, may be needed to assist in sustaining the system. The pain is sometimes intolerable, and morphia must then be exhibited in sufficient doses to relieve it.

As to topical applications, we have no specifics, and a solution of the acetate of lead, half an ounce to the pint of water, will answer every purpose. It is applied on cotton wool or light flannel, which may be wet several times a

day, covered with oiled silk or waxed paper; it will soothe and allay the pain.

As regards operation, when the disease is in its later stages, as a rule, it should be let alone. The case before us is very unpromising, but it is evident that the patient's life is rendered miserable by it, and if we decline to operate it will so prey upon her mind as to unfit her for any duty. There is, therefore, good reason for operating upon this woman, to afford her temporary relief from pain and foul discharges, by removing all the malignant growth that we can find in the breast and axilla. At the end of a fortnight the wound will heal up so that she can go about her work. The disease may not return for six months, and during this period she will be comparatively happy. She may not have her life actually prolonged by the operation, as she may live just as long without it. But this disease is a thorn in her flesh, and as long as it is present she will suffer. She shall be cared for in the ward until the next clinic day, when I will amputate the breast.

Disease of Tongue—Epithelial Cancer vs. Mucous Tubercle.

You will notice this white, roughened spot on this man's tongue, on the left side, near the margin. It looks as if it had been recently touched with nitrate of silver, and, indeed, Dr. Hearn now informs me that caustic actually has been applied this morning. We will not, then, lay any stress upon the color, but will inquire into the history of the case, to seek to determine the character of the disorder. Twenty-two years ago the patient had a chancre, not followed by bubo or sore throat. He thinks this spot came on his tongue about two years ago; it has not materially increased in that time, and is not painful.

This looks very much like a mucous patch, such as we often find on the lips, tongue, and other mucous surfaces in certain subjects, as one of the results of syphilis. But I have never seen a mucous tubercle continue unchanged through so long a period as two years, and, therefore, we have a doubt entering into the diagnosis. One of two affections it must be, either a mucous tubercle or epithelial cancer of the tongue. As it is difficult to decide this question, we will institute treatment with a view to develop the diagnosis. I shall put this man upon specific treatment for constitutional syphilis, and if, as I have supposed, the affection is simply a mucous tubercle—as it seems to be, although its history would lead us to believe differently—I will expect decided results from the following treatment: I shall order that this man shall take ten grains of iodide of potassium and one-eighth of a grain of bichloride of mercury three times each day, in some simple syrup and water. The syrup of ginger will answer very well for the purpose. The iodides of potassium, sodium, or ammonium, are almost a specific in some forms of syphilis, and are about equally efficient. I generally aid their alterant, and corroborant effects by adding a small proportion of mercury. The mixture should be given after meals. Locally I will direct acid nitrate of mercury, diluted with water—one part to twelve—to be applied by means of a camel's hair brush, once in the twenty-four hours. Should the affection prove to be of a syphilitic character we shall be able to make a decided impression upon it in the course of a week or ten days. If the treatment prove of no avail I shall conclude that it is epithelial cancer. There are no enlarged lymphatics under the jaw, but should one be found it would not aid the diagnosis, for they occur in cancer as well as in syphilis.

The patient's diet must be restricted; he must eat very little meat. If this man had told me that this affection had existed only for a week or two I should have had very little hesitancy in announcing my diagnosis.

Constitutional Syphilis.

William K., 46 years of age, has several ulcers upon the upper lip. He says that he never had a chancre, but he had gonorrhœa twelve years ago, followed by orchitis. These ulcers have troubled him for a month; they give him considerable pain, particularly at night. His appetite is good, and his general health is not impaired. Examining his mouth, I find that the tongue is clean, but there are unmistakable mucous patches upon the tonsils. Now I have no hesitancy in saying that this is a case of syphilis. We cannot elicit an accurate history, but the appearance of the multiple ulcers is characteristic. The patient a few moments ago acknowledged having had a discharge from the urethra, which may have been produced by a urethral, a masked chancre. Or, as not infrequently happens, he may have had a small Hunterian sore on the foreskin, which gave no annoyance and escaped his notice. However acquired, originally, we have the evidence before us of general syphilitic poisoning of the system. I have no hesitancy in saying that these sores on the lips accompanied by the mucous patches on the tonsils remove every doubt in the diagnosis. You will recall his statement about the pain being worse at night. This is a peculiarity of syphilitic affections, especially in the tertiary form, which generally comes on from six to twelve months after the primary sore. In such cases you will find, upon inquiry, that, as a rule, the pain is worse at night than in the daytime.

There is another point in the case which requires our attention before putting him upon specific treatment; it is the condition of the alimentary canal. His tongue is not coated, digestion is well performed, and the bowels are regular.

We shall, as in the preceding case, put him upon ten grains of iodide of potassium, and one-eighth of a grain of bichloride of mercury. At night he shall have two grains of solid opium, for the purpose of relieving pain, until he experiences a beneficial effect from the alterative, which will be in the course of four or five days. To the sores we shall apply nitrate of lead, ten

grains to an ounce of water, on a piece of soft lint. This will relieve pain and cause healthy granulations to spring up, and promote healing. The diet must be nutritious but not stimulating. He must keep his room and get as much sleep as he can. I restrict the diet where the syphilitic patient is plethoric; on the other hand, if he is broken down in health, is cachectic, and losing strength and flesh, I generally put him on the use of a nourishing diet before instituting the specific treatment.

(To be Continued.)

Editorial Department

Periscope.

Therapeutic Results with Pilocarpin.

The results of recent investigations are here summed up. Dr. Demme, of Berlin (London *Medical Record*), arrives at the following conclusions:—

1. Pilocarpin is an effective diaphoretic and sialagogue in childhood.

2. It is borne very well, in appropriate doses, even by children of very tender years.

3. Unfavorable after symptoms are but rarely observed, and, probably, may be altogether prevented by the administration of small doses of brandy before the injection.

4. The conditions in which it is chiefly indicated are the parenchymatous inflammations of the kidney, with dropsy, following scarlatina.

5. Pilocarpin does not appear to exercise an influence on the heart's action.

The *Hospital Gazette* states that an important physiological effect of pilocarpin, according to Dr. Zielewicz, of Posen, is its power to reduce animal heat. He has observed a decrease of temperature amounting to as much as 2, $2\frac{1}{2}$, and even 3 degrees, averaging, however, 1 to $1\frac{1}{2}$ degrees. In very few instances there was a slight increase of the temperature. Again, it seems doubtful to me whether the diminution of the temperature can be attributed primarily to the action of pilocarpin, or whether it is not due to, and only temporarily caused by, the evaporation of the perspiration. Zielewicz arrives at the following conclusions:—

1. Pilocarpin is a reliable diaphoretic in the diseases of children.

2. The unpleasant symptoms which occasionally follow the administration of this remedy interfere with its more general use.

3. To eliminate or diminish these complications the following rules should be observed:—

a. The dose of pilocarpin should be as small as possible.

b. A small amount of morphia should be administered with the pilocarpin, best in the proportion of ten pints of hydrochlorate of pilocarpin to one pint of hydrochlorate of morphia.

c. To prevent collapse a few drops of camphorated oil should be added to the solution.

Dr. Felsenreich, assistant to Prof. Gustav. Braun at the Vienna General Hospital, observes that Dr. Massman's statements (*Medical Times and Gazette*, July 13th, p. 56) on the employment of pilocarpin in the induction of premature labor must lead to further inquiry into the action of this substance on the uterus. At Professor Braun's request he tried its efficacy in nine cases of ataxy of the uterus, with reference to its future employment in cases of hemorrhage produced by this cause. In but three of the cases did the hypodermic injection take effect, and that only at the end of ten minutes; so that it cannot be regarded as a suitable means for combating active hemorrhage, in which promptitude of action is so important a factor. As in these cases, too, there is no time to examine the action of the heart, another contra-indication arises, for, as Petrina has shown, whenever this action is in any wise abnormal, the greatest care is required in the administration of pilocarpin, for arhythmia or an arrest of its action may then be easily induced. Indeed, as any considerable hemorrhage does greatly disturb the action of this organ, this itself is a contra-indication. These considerations do not apply to the induction of premature labor, and additional trials of the power of pilocarpin for this purpose may be made without danger.

Dr. P. K. Kretschmar adds, in the *Hospital Gazette*, that the *Hydrochlorate of Pilocarpin*, derived from the alkaloid found by E. Hardy in the leaves and in the root of pilocarpus pinnatus, is, in many respects, the most valuable of the preparations of jaborandi. It comes in small, white crystals, very soluble in water, and is for different reasons especially adapted for *hypodermic* medication. Its action resembles that of the drug itself, but it is *more uniform* and reliable than either the infusion or the fluid extract. It also influences the bronchial secretions by making them more fluid, and it has been used with advantage in croup, bronchitis, etc. A solution is made by dissolving $\frac{1}{2}$ a grain of hydrochlorate of pilocarpin in 30 minims of pure water. I use in cases of children from six to ten years of age, 10 minims of this solution, $1\frac{1}{2}$ gr. hypodermically, and repeat the injection once or twice the next or following day. To adults I have given 20 minims ($\frac{1}{3}$ gr.) repeated every day for three days.

The simplicity and almost painless manner of its administration, the fact that its hypodermical use does not cause any irritation, or abscess at the point of injection, the easy manner by which we are able to administer it in a state of uræmia, unconsciousness during convulsions, etc., make it a most valuable remedy in the treatment of children. I used it in five cases of parenchymatous nephritis following scarlet fever, four of which occurred in children under twelve years of age, and I can only state that its action was very satisfactory, although it produced considerable vomiting in one and moderate emesis in another case.

Harmlessness of Urea in the Blood.

The London *Medical Record* mentions experiments by MM. Feltz and Ritter, to show that pure urea never brought on convulsive symptoms. Urea injected into the blood was eliminated very rapidly by the urine, and when it existed in considerable quantities in the organism it did not, as generally supposed, undergo a rapid transformation into carbonate of ammonia. Dogs into which urea was injected, after the renal vessels were tied, to prevent the rapid elimination of the poison, showed no more marked convulsive symptoms than others in which the same ligature was made without the injection. The convulsive symptoms observed with urea were produced by an impure substance containing ammoniacal salts. The authors summed up in the following conclusions:—1. Pure urea, whether natural or artificial, injected into the venous system in large quantities, never brings on convulsive symptoms; it is rapidly eliminated by the secretions. 2. There are no ferments in the normal blood which convert the urea into ammoniacal salts. The rapidity of elimination cannot be regarded as the cause of this non-conversion, for by the suppression of the renal secretion the elimination of the urea may be retarded without accelerating the supervention of the eclampsia. The urea which in large doses brings on convulsions is always impure urea which contains ammoniacal salts, which are easily shown to be present by Nessler's reagent.

Why Physicians Should Use the Metric System.

Dr. Edward Wigglesworth gives the following reasons, in a recent circular:—

Because this system most nearly approximates to a perfect one, embodying, as it does, the most careful and delicate work of the International Metric Commission, composed of scientific men from all countries. Because it is *international;* and medicine is as cosmopolitan as human nature itself.

Because of its great *convenience* in writing and compounding prescriptions, in dividing doses and in computing quantities required during given times. Because of its *safety*, due to its *uniformity* and *simplicity*. It may be learned in five minutes. In complexity there is always danger, and the resemblance of the signs of the scruple, drachm and ounce has more than once proved fatal to human life. The metric system dispenses with the signs of the quantities, employs Arabic figures instead of Roman numerals, and assures the physician of more competent service, because from more educated pharmacists, such being always the first to adopt it. It is decimal, and a perpendicular line instead of the decimal points obviates any possibility of error from this source. It is allied to the change already made by Americans, from pounds, shillings and pence to dollars and cents.

Because of its *delicacy* and *accuracy* for the chemist and the pharmacist; and here the beauty of the system is especially apparent, for it provides denominations of weights applicable to the smallest quantity which the physician can prescribe, the old grain being by far too large and coarse a unit for modern medicine.

Moreover, the English and American graduates are both in use in this country, and yet are not alike. There is a difference of eighteen grains in the weights of their fluid ounces. Then, too, if *f* is omitted before the ounce symbol, either the graduate or the troy ounce may be used.

Finally, because it deals preferably with weights alone, *while admitting the use*, if desired, *of both weights and measures, as at present.*

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——One of the strongest and most pointed papers we have ever read on the iniquity of the existing laws about malpractice, is by Dr. Eugene F. Sanger. It was read before the Maine Medical Association, and we earnestly commend its perusal to thinking men who are not willing to be the prey of worthless patients and common barrators. To be had of the author, Bangor, Maine.

——Dr. Walter Coles, of St. Louis, in a reprint from the St. Louis *Medical and Surgical Journal*, reviews, with trenchant criticism, Dr. Hammond's recent paper on "Hepatic Abscess." Dr. Coles has undoubtedly picked some flaws in Dr. Hammond's references and quotations. But when he assails the general correctness of Dr. Hammond's principal statement, to wit, that hepatic abscess is much more frequent than is generally supposed, and that it often exists with masked symptoms, he certainly carries his attack too far. There has

been a considerable mass of evidence offered to this direct effect, by numerous independent observers, within the last year. Another point, and a very important one, on which Drs. Hammond and Coles differ wholly, is whether aspirating the liver is dangerous or not, providing it is done skillfully, with caution, and at the proper point. Under these circumstances, Dr. Hammond says it is wholly without danger, and after perusing carefully what Dr. Coles says, we do not think he successfully contradicts the New York professor.

——Messrs. Bailliére & Cox, of London, publish Mr. Lennox Browne's "Forms for the taking of Throat Cases and Aural Cases," with drawings, outlines, etc.; a very convenient arrangement. Price, in books of 25 forms, 3 shillings, 6 pence.

——The Twelfth Annual Report of the Home for Incurables, Fordham, New York, gives the present condition of an estimable charity. Of 89 cases the large number of 17 are stated to be epileptic mania. The physician's report is disappointingly meagre.

——In a reprint from the *Gynecological Transactions*, Dr. H. P. C. Wilson recommends sub-sulphate of iron as a valuable antiseptic in the surgery of the pelvis. He states that he has found Monsell's solution to be soothing rather than irritating to the surface of wounds.

——A curious fatal case of poisoning by wormseed oil f.℥iss is related by Dr. T. R. Brown, of Baltimore, in a reprint from the Maryland *Medical Journal*. The patient became aphasic.

——A study of pathological histology, with numerous original engravings, by Dr. A. R. Robinson, of New York, is the subject of a reprint from the New York *Journal of Medicine*.

BOOK NOTICES.

Practical Surgery; including Surgical Dressings, Bandaging, Ligations and Amputations. By J. Ewing Mears, M.D., Demonstrator of Surgery in Jefferson Medical College, etc. Philadelphia, Lindsay & Blakiston, 1878. 1 vol., cloth. Small 8vo, pp. 279. 227 illustrations. Price $2.00.

The author of this work has had an extended experience as an instructor in operative surgery and in the details of minor surgery; and the volume he has written is one which he found students to stand in need of, because no single work in the market teaches just what is required by those pursuing these branches. He has grouped under the four heads mentioned in his title a very carefully arranged statement of all the chief facts relating to each of these branches. Turning, for instance, to antiseptic dressings, we find Lister's method succinctly described in something less than five pages. Three pages, with appropriate illustrations, are given to Sayre's suspension apparatus. The directions for ligation and amputation are given in the fewest possible words, and are explained with reference to numerous wood-cuts. The operations described are not numerous, but we are inclined to believe that the author's selections will meet with the general approval of surgeons.

Notes on the Treatment of Skin Diseases. By Robert Liveing, A.M., M.D., F.R.C.P., London, etc. Fourth edition, revised and enlarged. New York, Wm. Wood & Co., 1878. 12mo, pp. 127.

Dr. Liveing has a prominent reputation as a dermatologist, and though his book represents an older school than that now prevalent, and though he has made but few changes to bring it into accordance with the opinions of younger men, it has had and still maintains a considerable popularity. It is small, and in these days of prolixity, that is attractive. We observe he says nothing of chrysophanic acid, salicylic acid, gurgun oil, and the other new remedies in skin diseases. Therefore we are forced to say that his book lacks considerable of being "up to the times."

The Medical and Surgical Directory of the State of Iowa, for 1878 and 1879. By Charles H. Lothrop, M.D., Clinton, Iowa. 1 vol., cloth. 8vo, pp. 154.

It would be an advantageous movement for the profession of every State to issue yearly, or every other year, an Official Directory of all physicians in good standing in their limits. This one, that we owe to the labors of Dr. Lothrop, might serve in most respects as a sample of what would be useful. It contains the medical laws of the State, a list of its medical schools, charities, societies, etc. Obviously it is the result of a great deal of labor, and we trust it will be continued in the future.

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THE CHINESE QUESTION.

In the number of the REPORTER for September 14th we criticised the position taken by some of the profession of the Pacific slope on the Chinese question. In so doing, we inadvertently left our readers to suppose that all the medical journals of that section shared the opinions we censured. This impression we desire to correct, and do so most cheerfully.

The *Pacific Medical and Surgical Journal*, edited by Dr. HENRY GIBBONS, and Dr. HENRY GIBBONS, Jr., not only holds views wholly at variance with the hoodlums and Kearneys, but has expressed them, and stood true to the lights of science and the doctrines which this country claims as its own. We should have distinctly excepted it from the charges we made, and do so now.

It is a pleasure to add that what we then said has directed the attention of several readers to the subject, and to the expression of several personal opinions in favor of justice to the Chinese emigrants.

It appears that the total Chinese population is at present 32,000. Most of these are servants, tailors, shoemakers and laundrymen. The total number of women is less than 2000. Postmaster General KEY, who is both an able and an unprejudiced observer, has lately returned from a visit to California, during which he took especial pains to study the Chinese. His words are—

"They are docile, obedient, obliging, punctual, hard-working and faithful. They are exceedingly thrifty and economical. They are temperate in their habits, do not drink liquor of any kind, eat very little meat, and live almost entirely on rice. It is wonderful to see how little a Chinaman can live on. Their economy struck me as something marvelous. Large numbers of them sleep in a single, ill-ventilated room. They constantly violate the fundamental laws of health, and yet they are seemingly very healthy. I was astonished to learn that they had no hospital. I was shown through the Chinese quarter of San Francisco by the Mayor, and saw everything in that locality, but there are a number of places here in Washington fully as bad, if not worse, than anything I saw in China town. I also observed that the railroad companies employed a large number of

Chinamen, and found them excellent workmen."

In reference to the matter of ventilation, a characteristic trait of "American civilization" is reported. The San Francisco authorities passed a law that every lodging room should supply at least five hundred cubic feet of breathing space to each lodger. It was directed solely against the Chinese, and was executed only against them. A large number were arrested and packed in cells so closely that each inmate had *less than* 250 *cubic feet of space!* What a commentary on those whom the *Western Lancet* wanted to enlist in a crusade against these poor foreigners!

That their sympathies are so little susceptible to appeals for charity we cannot believe, when we see authentic statements that not only have they subscribed liberally to relieve the famine now prevalent in their own land, but have sent a handsome sum to the yellow fever sufferers of the Mississippi Valley.

We close with an extract from a letter from Dr. R. B. Bontecou, of Troy, New York, who speaks from late personal observation.

"Permit me to thank you, as one of the profession, for your just and much needed remarks in defence of the "Chinese," in the journal of September 14th. I have been traveling, during the summer, through the territories of Dakota, Montana, Idaho, Wyoming, and Utah, and have had some opportunities to observe that class of emigrants, for they are almost universally employed in those countries as domestics, and very many in mining. It is true that the other inhabitants hold them in contempt, amounting to hatred, and a Chinaman seems to have no rights that others are bound to respect. To me this state of things is incomprehensible when I observe how peaceful and industrious they are, and how much honest labor they give to their employers. It is conceded by the people there, that a Chinaman will give a better day's labor than any other man, and still they hate them, although they are indispensable to the community. I have taken care to observe them closely, and I was unable to learn that they were afflicted with any diseases not common to other classes of community, and, as a rule, are healthy, and the percentage of sickness small among them. I need not assure you that they are excellent servants and cooks, as well as field laborers and miners, often getting good returns from soil which had been worked over and abandoned as worthless by other men. For my part, I wish there were millions of them scattered through the States, to set examples of industry and orderly conduct to the masses."

Notes and Comments.

Atkinson's "Physicians of the United States."

The editors of the Ohio *Medical Recorder* have sent us a reprint, in pamphlet form, of a review and editorial devoted to Dr. Atkinson's "Physicians and Surgeons of the United States" (noticed in the Reporter, May 4). It is very unusual for the review of a book to be thus reprinted and distributed by a journal, and suggests some motive quite as unusual. On examining the paper, both review and editorial, especially the latter, turn out to be most bitter and acrid attacks on Dr. Atkinson personally, and the severest reflections on the class of works of which his is an example. Now, any unbiased man will see very much to praise in works devoted to contemporary biography; for years, hardly a volume in our library has been more useful to us than the "Dictionaire des Contemporains;" and we never knew one who owned the book to disparage it. Dr. Atkinson's work has had the approval, endorsement and direct aid of hundreds of the best men in the profession; and from a more than ordinary knowledge of the labor, responsibilities and difficulties he had to contend with in selecting and collecting for its pages, we can render personal testimony to his good judgment, tact and discretion. Of course, in a work of 800 pages and 2200 biographies it is easy to pick out many points which ought to have been amended; and the cheapest of all criticism is that by ridicule; but a reviewer who does nothing but this, and indulges in a tirade of personalities, cannot gain much credit among dispassionate and intelligent men.

On Cod-Liver Oil.

Dr. Theodore Huseman, quoted in the *American Journal of Pharmacy*, denies the presence of any particular active principle curing scrofula and lung diseases, and believes that its efficacy is entirely due to the mixture of the glycerides of fatty acids, it differing, however, from other oils in being absorbed and in oxidizing more quickly in the human body. He states, on the authority of Professor Almén, who has devoted many years to the analysis and study

of the different kinds of cod-liver oil of commerce, that a nearly white oil may be made by heating fresh cod livers, previously cleaned and washed, in well-tinned kettles, by steam, decanting the exuding oil, straining it and exposing it to a low temperature; on conveying it afterward to a warm room, all stearine will crystallize and settle. The oil should then be decanted, bottled and sealed, and may be kept for six years without becoming rancid.

The Skulls of Women.

M. Lebon, in a communication made to the Congrès d'Anthropologie in Paris, pointed out that, while the relative volume of the skull, compared with the rest of the skeleton, has increased with the progress of civilization, the difference in size between the skulls of men and women is also much less in the savage than among the civilized races. This difference was admitted by the ethnologists present, and was explained by the President, M. Broca, on the ground that among the primitive races women led much the same lives as men, and took an equal part in the struggle for existence. According to these anthropological data the "protection" of women and their exclusion from professional struggles has ended in lessening the cranial capacity, therefore presumably the brain-power.

Poisonous Mushrooms.

A newspaper paragraphist, speaking of the resemblance of edible to poisonous fungi, said that about the only way to recognize them is that if you are living next day they were mushrooms, if not, they were toadstools.

The *Pharmaceutical Journal* points out that, although there are many fungi which form excellent food, yet most of them have, so to speak, poisonous twin brothers so like them that only the practiced eye can distinguish them. Thus the delicious *Lactarius deliciosus*, the taste of which has been likened to lamb chops, has a poisonous counterpart in the *Lactarius torminosus*, which is only distinguishable by the downy or hairy margin of the cap and the white, milky juice. The pretty yellow chanterelle (*Cantharellus cilarius*), which possesses an odor of apricots, is parodied by the *Cantharellus aurantiacus*, differing only in its smaller size and in having the gills of darker color than the cap, and the *Boletus edulis* is mimicked by several other species of *Boletus*, in most of which, however, the flesh of the cap turns blue when broken. Meanwhile, it is well to remember that the antidote for mushroom poisoning is daturine, and that, according to Professor Schiff, it is a very complete one.

Chloral as a Revulsive.

This is the subject of a paper in the *Bulletin de Therapeutique*, No. 94, by Dr. H. Peyraud. Made into a mass with gum tragacanth, spread on paper and applied to the skin, it will produce a blister without pain. Applied as a powder, on cotton, it causes a painful burning sensation. By the former method, a portion is absorbed and the patient falls asleep. Its action is not so uniform as cantharides, but as a mild vesicant, or an agreeable revulsive, the author quoted would commend such "chloral paper" to physicians, the more so as it will keep for months without losing its activity, if well prepared.

An Excipient for Pills.

A new excipient for pills is recommended in the last number of the *American Journal of Pharmacy*. It was suggested by Mr. W. J. Martin, of Cincinnati. Its only disadvantage, seemingly, is color, it producing with white powders a colored mass, which, with quinia and similar alkaloids, may preclude its use, since it is the fashion to have these prepared as light colored as possible. The excipient recommended by Mr. Martin is made by taking one part of powdered gum tragacanth and seven parts of powdered elm bark, and using either water or syrup, preferably the latter, to make the excipient of the requisite plasticity.

Thymic Acid and Sulpho-Thymate of Soda.

A therapeutical study of these substances has been published by Dr. V. Cozzolino, in the *Giornale delle Scienze Med.*, of Naples. Thymic acid has been advantageously employed locally in diphtheria, and is superior to carbolic acid for this purpose, as it is much more agreeable to the patient, and does not produce nausea. For ozæna Dr. Cozzolino considers it the best article he has tried; he uses an emulsion with gum arabic, one part of the acid to one thousand of emulsion, and injects the nostrils. Combined with unguentum petrolei, or dissolved in alcohol and glycerine, he applies it in favus, tinea, herpes, pityriasis, etc. In gastric catarrh from ferment, putrid diarrhœas,

intestinal mycosis, and the like, he gives it internally with excellent results. He also praises the sulpho-thymate of quinia as an efficient antiperiodic.

The Management of Hysteria.

In a recent paper, Dr. Risel, of Messeberg (*Allg. Med. Centralzeitung*, Oct. 9th) criticises the view that hysterical symptoms generally arise from genital disturbances. More frequently, he says, they are reflex neuroses. This is important to remember in treating such cases, the more so as the reflex phenomena tend to obscure the primary irritation. In very severe cases protracted chloroform inhalation will sometimes cure. Thus, a lady with a violent cough was chloroformed for fourteen days at every access of the cough, and another for eight days. In both the symptoms were conquered.

Administration of Salicylic Acid.

Dr. R. B. Bontecou, of Troy, N. Y., writes us, recommending the following form for administration of salicylic acid. He has for two years used it, and is pleased with it:—

℞. Acidi salicylici, ʒiij
Potassæ acetatis,
Glycerinæ,
Spts. etheris nitrosi, āā ʒj. M.

One teaspoonful represents $11\frac{25}{100}$ grains of the salicylic acid and half a drachm of the potassa, which may be given to an adult with acute rheumatism every two, three or four hours, diluted in water.

Prize Essay on Masturbation.

The Virginia *Medical Monthly* announces a prize of $25 for the best essay on this subject. The paper must set forth the evils, from a medical standpoint, in the most forcible style, and must be adapted to the comprehension of youths of twelve years of age and upward. The paper must be in before February 1st, 1879. Address "A B," Randolph Macon College, Ashland, Va. The paper selected will be printed in a pamphlet form and distributed *gratis* in all the boarding schools of the State, and as far as practicable, among all other youths.

This is well, but extreme caution should be used not to overdo a good thing. Sir James Paget maintains there are no peculiar dangers attending masturbation, other than its frequency; and in a pretty extended practice among young men we must say that we have had to treat far more who suffered from unfounded fears of the evils they imagined this habit had engendered, than who really showed bad effects from it.

Correspondence.

The Regular Education of Homœopathists.

Ed. Med. and Surg. Reporter:—

The editorial article headed "Recent Discussions about Homœopathy," in the Reporter of October 19th, contains a criticism of the proposed amendment to the Constitution of the American Medical Association, which seems to me just and pertinent. The adoption of this resolution would, in my view, render the Association justly liable to the charge of bigotry and exclusiveness.

If the object sought in this amendment be to place on record an authoritative expression of disapproval of the relation sustained by the medical faculty of Michigan University to the homœopathic college, then is the means ill-adapted to the end, because it embraces too much and fails to recognize an important distinction.

The mere imparting of instruction in rational medicine to students who are avowed believers in any exclusive system has never, as I know, been objected to in the discussions on homœopathy in the University, and I believe that all those who deplore the establishment of the present homœopathic college there would be no less pleased than yourself if all students who propose to become homœopathists, or pathists of any kind, would first pursue a regular course in some respectable medical college. Indeed, could this be accomplished the days of all one-idea systems in medicine would be numbered, for, under the illumination of a broad professional education, the "pathic" proclivities of such students would melt "like dew before the morning sun." "Avowed homœopathists," grasping principles deeper and more stable than the froth of a trivial symptomatology, and possessing themselves of weapons more tangible and puissant than infinitesimal nothings, spiritually potentialized, would inevitably elect a sound pathology and adopt a rational practice, even though many of them might, for the sake of popularity, write upon their signs the cabalistic "*Similia similibus curantur.*"

What so many friends of the University did oppose, was the attachment of a homœopathic school in such manner that members of the regular medical faculty were made *de facto* members of the homœopathic faculty, being compelled, not only to instruct and examine homœopathic students, but also to furnish six of the eight certificates essential to their graduation *as homœopathists*, while, by arrangement of lecture hours, it was made impossible for these

students to receive instruction in materia medica and therapeutics, theory and practice, or surgery, from any but homœopathic teachers. Many of the alumni were not willing to see their alma mater thus prostituted to the base use of propping the tottering fabric of the Hahnemannic delusion.

Could an amendment be offered which, stigmatizing simply such relations of medical schools to quackery, would stand as the recorded verdict of the Association to warn other State institutions, I should vote for it, deeming its adoption to be an act eminently befitting the most august medical organization in the land, as indicating at once a proper consciousness of its own dignity, a strict sense of professional integrity, and a wise appreciation of its duty to the public, and to true physicians everywhere. C. H. Lewis, M.D.

Jackson, Mich., Nov. 4th, 1878.

Experiences in the Yellow Fever.

Ed. Med. and Surg. Reporter:—

I take the liberty to submit to the readers of the Reporter the following extract from a private letter from Dr. Gustavus B. Thornton, physician of the City Hospital, Memphis. Dr. Thornton says—

"During the whole of our past epidemic, from the first until I was stricken down by the disease, I was constantly on the go, with official and professional duties of the most exacting and continuous character. I have passed through the most terrible ordeal of my life. I flattered myself that a severe attack of yellow fever in '67 would give me exemption this time, and perhaps, was not as careful of myself as I should have been. However, I did nothing to induce the attack, beyond being constantly exposed to the disease, in the discharge of what I conceived to be a plain, official and personal duty. I feel satisfied that I would have passed through all right, had it not been that I was very much worried and prostrated, by the influence of the poison and pure physical and nervous exhaustion combined. There was no escape for me; I felt from the first that I had to live through or die in it. I could not think of leaving my post for one hour, nor, indeed, of neglecting any part of my duty while here. The disease was, undoubtedly, modified or changed in its character by my previous attack. It commenced in the same way, with the usual cold stage, not excessive, and lasting about three or four hours. After that the fever, which was not high, the thermometer not registering over 101½°, did not last more than about fifteen hours, when my temperature fell to the normal, and pulse between fifty and sixty, and on several occasions fell to 48. The poison expended its force on my nervous system, and caused, for about eighty hours, the most intense pains in the back, chest, extremities and joints I ever experienced; of course, to take opiates was out of the question, and I realized the fact that it was purely a question of endurance, whether I could stand that pain while it lasted and then be in condition to react from it. For two days my attendants thought I was gone. Of course, I had every attention of physicians of my own choice, and two well disciplined and trained nurses. I dislike to think of this fearful illness, and do most sincerely thank an all-merciful Providence for my delivery from death, for the sake of my children, if nothing else. I am still excessively weak, and though this is the eighteenth day since I was taken, I am scarcely able to sit at my desk to write this. Of course, before bringing my children home from Russellville, Ky., where they were sent when the fever began, I shall take every precaution and have my house thoroughly disinfected.

"The mortality among the hospital corps was fearful. We lost one doctor, the druggist, the steward, and at least a dozen nurses, besides Dr. Lynn and myself, with a number of others attached to the hospital, having the disease and hardly escaping. Our wards, of course, were kept filled with the disease, and it seemed that the City Hospital was one grand focus for the yellow fever poison, and yet the sanitary condition of the place was as good, apparently, as it could be. No means of disinfection or cleanliness were neglected or relaxed, but the fact is, our whole atmosphere, for miles around, seemed thoroughly impregnated with this poison."

The newspapers of a later date than this letter report, "Dr. Thornton, who came near dying of the fever, was out on the street yesterday, hardly enough of him left to make a shadow. Like all convalescents, however, he was happy."

A single remark may be allowed, that the writer has had additional information from medical friends in New Orleans, viz.: that many convalescents have lost their lives after apparent recovery from yellow fever — true walking cases, described by Dr. Benjamin Rush, "with natural pulse and tongue." A single example will suffice. Mr. Godwin, a prominent merchant, deemed himself well after a slight attack, went out on the street, lunched at the St. Charles Hotel, danced for joy after smoking a cigar, fainted, had a relapse, black vomit, and is now hopelessly ill with symptoms of typho-malarial and yellow fever. This case is one among hundreds which have and will continue to occur during epidemics of yellow fever.

Salem, Va. Frederick Horner, M.D.

Question of Maternal Influence.

Ed. Med. and Surg. Reporter:—

I take from the *Michigan Medical News* the following extract, which I do not think conveys the meaning I intended it should, and, as a consequence, does me injustice. "The Medical and Surgical Reporter says: 'Financial doctors say the cause of the hard times is 'lack of confidence.' This was not the matter with a husband down South, whom Dr. R. L. Payne tells about in his address as President of the North Carolina Medical Association. He was speak-

ing of 'mother's marks' and gave this example: 'A black child was born to a white married woman in my county, and she accounted to her husband for its very dusky hue by assuring him that she had been terribly frightened by a negro man, who had presented himself before her in a half nude state. The husband was satisfied, and is still happy.'"

The quotation is probably correct, but I certainly intended to have written the last sentence thus: *The husband was satisfied, and is still happy!!* And as the example was given immediately after quoting the case of Maria Thérèsa, I intended to convey the idea that although I was a firm believer in "mother's marks," there might possibly be another way of accounting for the *color* in both instances, as well as in the case in Virginia, in which the child was *black because the mother ate black walnuts!* Respectfully, R. L. PAYNE, M.D.

Lexington, N. C.

Suggestions for Diphtheria, Acne, and Gonorrhœa.

ED. MED. AND SURG. REPORTER:—

Late in the fall of 1876, we had a short but sharp epidemic of diphtheria in this place. The last severe case occurred in my own person. I awakened out of my sleep in the night with an indescribable sense of suffering. Apparently every muscle in my body ached, comparable only to the severe pain of acute rheumatism, a throbbing headache, but only a slight sense of soreness in the fauces. I did not disturb my family or get up to do anything until morning, by which time the only change was an increase of soreness in my throat. By daylight and a mirror I saw the characteristic exudation on the tonsils; I swabbed this at once with the undiluted muriated tincture of iron, and then feeling a desire for an acid drink I dissolved at least ʒij of citric acid in a common tumblerful of water, sweetened liberally, iced and drank it off at a draught, took a lump of ice in my parched mouth, and laid down. In about fifteen minutes the distressing alternations of chills and sharp flashes of heat, and constant, and exceedingly acute pains, located apparently in every tissue of my body, entirely ceased; I fell into a sound sleep, to be awakened in just three hours by a full and complete return of all my suffering. I repeated the dose of citric acid, swabbed out my throat, and experienced the same complete relief in just fifteen minutes, as before, and sleep, perfect and refreshing, followed, and awakened by pain. I continued this treatment, so accidentally begun, for two days, the intervals of relief growing longer, until the paroxysms of suffering ceased to recur. During those two days, I took over three ounces of the citric acid, and at the end of the time found the urine alkaline, but very copious. By the morning of the second day I had to dilute the muriated tincture of iron, as it produced too much smarting, as the exudation was now coming off in flakes, adhering to the swab. I have not had an opportunity to order these heroic doses of citric acid in this malady since, for want of an appropriate case. If one's own sensations are to be trusted, and I fully believe mine were, the relief from pain was as full and complete as that following a dose of morphia, even where that drug acts the most kindly, but without its bewildering and benumbing stupor.

I have lately read plans of treatment for acne, in the REPORTER; I herewith offer mine. Direct the patient to use common soda carb. (sal soda) freely in the water used for bathing the affected parts, and at the same time use any common soap freely. This will dissolve and remove the hardened and impacted sebaceous matter from the ducts of the follicles, dry the parts, and then freely apply the following lotion—

℞.	Acetici acidi,	ʒiv	
	Glycerinæ,	℥ij	
	Aqua rosæ,	℥iss.	M.

SIG.—Apply locally, always after washing with the alkali and soap.

Also allow me to recommend this for constant use on the hands and face, to keep the skin soft and smooth.

With this prescription for acne I have attained considerable local celebrity in cleaning off the pimples from the faces of afflicted young persons. The druggist who habitually puts up my prescription sells gallons of this mixture to his customers, to keep hands and faces soft and smooth.

Now, another subject; what I believe to be a new plan of treatment for gonorrhœa:—

℞.	Tannici acidi,	ʒj	
	Aquæ puræ.,	℥vj.	M.

SIG.—Inject as hereinafter specified.

Introduce a number 6 or 7 catheter beyond the point of soreness in the urethra, having had the patient urinate first, for the purpose of washing out the accumulated matter; direct him to make firm pressure on the tract of the urethra beyond the point of the instrument. Now take a common rubber bulb syringe, and, by means of a bit of elastic rubber tubing, connect the catheter and syringe, and wash out the urethra with cold water, in a thorough manner. Press the syringe bulb with force, so that the return current of water will flow out at the meatus, around the catheter, with considerable force. Finally, inject the tannin solution in the same way. Repeat twice a day, gradually weakening the solution of tannin.

With this plan faithfully carried out, I find the disease rarely, if ever, passes beyond the original site of the fossa navicularis, and it may sometimes be actually cured in three days. Stricture in the membranous portion of the urethra is thus avoided, because the disease is not allowed to invade it. If the urine is acid and irritating I order alkalies, as bicarbonate potassium, etc. Respectfully yours,

Greely, Col. G. LAW, M.D.

News and Miscellany.

Epidemic Report for the Week Ending November 9th, 1878.

New Orleans.—There were 11 new cases of yellow fever, and 143 old cases, reported for the week ended yesterday evening. For the past twenty-four hours no new cases and 2 deaths. Quarantine raised on the 5th instant. Total cases 13,406, subject to revision. Total deaths 4010.

Morgan City, La.—There were 8 cases of yellow fever and 3 deaths during the past week. Total cases to yesterday evening 571, deaths 105.

Mobile, Ala.—During the week ended yesterday evening there were 35 cases of yellow fever and 9 deaths. Total cases 259, deaths 68.

Pass Christian, Miss.—7 new cases of yellow fever and one death for the past week. Total cases 196. Total deaths 21.

Ocean Springs, Miss.—For the week ended yesterday noon there were 4 cases of yellow fever and no deaths. Total cases 150, deaths 30.

Hernando, Miss.—10 cases of yellow fever and 5 deaths for the week ended November 2d. No cases and 1 death during the past week. Total cases 175, deaths 69.

Dry Grove and Lebanon Church Neighborhood, Miss.—Since October 19th there have been 13 new cases of yellow fever and 8 deaths. No new cases and but one death for the week ended November 6th. Total cases 125, deaths 52. Crystal Springs, Miss., near Dry Grove, has, so far, escaped the fever.

Memphis, Tenn.—During the past week there were 33 deaths from yellow fever. Total deaths to the evening of the 7th, 2997.

Chattanooga, Tenn.—9 new cases of yellow fever and 4 deaths during the past week. Total cases to yesterday evening 444, deaths 133.

Cairo, Ills.—During the two weeks ended yesterday there were 8 new cases of yellow fever and 3 deaths. The last case occurred on the 4th, and the last death on the 6th instant. Total cases 83, not including some doubtful cases. Total deaths 44. Heavy frost the 8th instant.

Vicksburg, Miss.—There were 11 deaths from yellow fever during the past week. No deaths during the past twenty-four hours. 6 deaths during the week in the country near Vicksburg.

Delta, La.—4 deaths from yellow fever during the past week.

Decatur, Ala.—During the week ended last evening there were 8 cases of yellow fever and one death. Total cases 196, deaths 43.

Gallipolis, Ohio.—No new cases of yellow fever since October 26th. The last death occurred October 27th. Total cases 65, deaths 37, not including 6 deaths which occurred on the steamboat John Porter.

Japan and China.—Dr. Simmons, Sanitary Inspector for the Japanese Government for the port of Yokohama, reports under date of October 10th, that he regards the occasional reported cases of cholera in Japan during the past summer as cholera morbus, and not malignant or Asiatic cholera. On the 2d of October, however, malignant cholera broke out in Nagasaki, and in eight days there had been 58 cases and 10 deaths. Cholera has existed in Shanghai, China, for several months, and as Nagasaki is the first port of Japan entered by vessels from Shanghai, Dr. Simmons regards the outbreak as a new importation, but owing to the lateness of the season, and the sanitary measures instituted by the Government, he does not anticipate a spread of the disease.

International Congress of Superintendents of Asylums for the Blind.

Next spring, in Berlin, a congress of the superintendents of all the European asylums for the blind will be held, at the suggestion of Dr. Römer, to prepare a system by which a unity of methods of instruction may be obtained in all such institutions. It were desirable that the United States were also represented.

—The American Public Health Association hold their next annual meeting at Richmond, Virginia, commencing on November 19th. Unusual interest will attend this gathering, as much time will be devoted to facts connected with the yellow fever epidemic which has scourged so many Southern cities. The sanitary measures for preventing the recurrence of such a calamity will be carefully considered. This topic is of national importance, and there is hope that the deliberations of this body of scientific men may result in a clear understanding of the preventable causes of yellow fever.

OBITUARY.

DR. TILGHMAN H. MARTIN,

Of Allentown, Pa., died, Nov. 5th, of cerebral congestion. He was born December, 6th, 1809, and graduated at the University of Pennsylvania in 1831. His father, Dr. Jacob Martin, was also a physician, and he leaves two sons in the same profession. For many years he enjoyed an extensive and lucrative practice. He was a man of clear, keen, intellect, and of very handsome attainments in all departments of life. In his intercourse among men his friendships were unfaltering, while his aversions were exceedingly sturdy, but on the whole his heart was full of generosity and kindness. He was a man universally loved, and his death is deeply regretted by all.

MARRIAGES.

Davis—Hardwick.—On Thursday, Oct. 31st, 1878, at the residence of the bride's father, Wm. Hardwick, Hartford, Ky., Dr. Amos Davis, Pleasant Ridge, Ky., and Miss Lizzie Hardwick.

McClung—Curry.—On Thursday, Oct. 31st, 1878, by Rev. J. G. Lowrie, at the residence of the bride's parents, S. H. McClung, M.D., of Mount Sterling, Ill., and Eleanor B., daughter, of Mr. J. R. Curry, Mount Sterling, Ill.

DOCTOR RABUTEAU'S

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"The experiments made in the hospitals of Paris have demonstrated that *Dr. Rabuteau's Dragees, Elixir and Syrup* regenerate the red globules of the blood with a rapidity never observed with the use of the other ferruginous preparations. These results have been proved by the various *Compt-Globules.*

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Dr. Rabuteau's Elixir is prescribed when some difficulty is experienced in swallowing the Dragees; it is especially adapted to weak persons, whose digestive functions need strengthening or stimulating.

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A Combination uniting the properties of ALCOHOL and RAW MEAT. It has been Mr. Ducro's aim in preparing this elixir to present under the form of a pleasant cordial the nutritive and restoring properties of raw meat and the stimulating properties of alcohol. In this he has been eminently successful, judging from the great number of physicians who prescribe and use this food medicine. This preparation, which has been used with great success in the hospitals of Paris since 1868, is adapted to the treatment of all diseases requiring the administration in a small volume of a tonic able to stimulate and support the vital forces, as in *Pulmonary Phthisis, Depression* and *Nervous Debility, Adynamia, Malarial Cachexia,* etc. It is especially adapted for delicate ladies and children, debilitated old people and convalescents.

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CONTENTS:

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

WIGHT, J. S.—Have Surgeons been Mistaken as to the Nature of Fractures of the Base of the Radius? Medico-Legal Bearings of the Answer 439
WENZEL, HENRY P.—Procidentia Uteri and Its Treatment 443
BIRDSALL, SAMUEL.—Senile Gangrene 446

HOSPITAL REPORTS.

Jefferson Medical College Hospital.—Clinic of Prof. Gross, October 2d, 1878.—Treatment of Chronic Synovitis of Knee Joint by the Actual Cautery; Hydrocele in a Child, and Its Radical Cure; Hydrocele in the Adult 448

EDITORIAL DEPARTMENT.

PERISCOPE.

Family Idiosyncrasy in Regard to the Use of Silver Nitrate 450
Sexual Excesses and Masturbation as Exciting Causes of Insanity 450
The Treatment of Baldness 451

REVIEWS AND BOOK NOTICES.

Notes on Current Medical Literature 452

EDITORIAL.

THE PROPOSED NATIONAL PUBLIC HEALTH BOARD 453

NOTES AND COMMENTS.

Nitrite of Amyl as a Sedative 448
New Microphone and Stethoscope 454
Temperature in Fever 455
On Diphtheria 455
Results of Opium Smoking 455
Doubtful Novelties 455
Remedies in Epilepsy 455
Effects of Publicity on Suicide 455
Carbolic Acid in Smallpox—A Claim for Priority, 455
"Porphyrized" Iron 456
Urticaria Caused by Cinchonidia 456
Embalming the Dead 456
Effect of Coffee 456
Manitoba as a Health Resort 456

CORRESPONDENCE.

Ulceration of the Female Urethra (Herrick) 457
Veratrum Viride in Puerperal Peritonitis (Zertuche) 457
A Case of Purpura Hemorrhagica (Carter) 458

NEWS AND MISCELLANY.

Reports of the Yellow Fever for the Week Ended November 15th 458
National Yellow-Fever Relief Commission 459
Wheeling and Ohio Medical Society 459
Medical Students in Germany 459
Personal 459
Items 460
Anti-Vaccination in Canada 460

QUERIES AND REPLIES.

Chronic Muscular Rheumatism 460

OBITUARY.

Dr. Louis E. Gilliard 460

MARRIAGES AND DEATHS 460

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THE

MEDICAL AND SURGICAL REPORTER.

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Original Department.

Communications.

HAVE SURGEONS BEEN MISTAKEN AS TO THE NATURE OF FRACTURES OF THE BASE OF THE RADIUS? MEDICO-LEGAL BEARINGS OF THE ANSWER.

BY J. S. WIGHT, M.D.,

Professor of Surgery in the Long Island College Hospital.

(*Concluded from page* 423.)

It is proper to put in order the following evidence, bearing on the pathology of fracture of the base of the radius. Says Professor F. H. Hamilton, "I have seen, however, in the Museum of the College of Physicians of Philadelphia a specimen of this (Colles) fracture, in which the line of fracture is transverse, from side to side, but very oblique from before backward, and from below upward. There is also a line of incomplete fracture into the joint; it is united by bone, with the usual displacement backward." The seat of this fracture, which could have been determined by actual measurements, is not recorded by the reporter.

In passing, let me draw attention to the similarity between this specimen and the first case reported by Dr. Cameron, and also the second case reported by Professor Moore. It is suggested that the obliquity was produced by a similar cause. And when there is no impaction in addition to obliquity, reduction and retention of the fragments must be very difficult, if not, at times, quite impossible.

Professor Gross described a preparation of Colles fracture in the pathological collection of the New York Hospital, in which there are four fragments. He adds that he has seen several specimens of fracture of the base of the radius, in which there were as many as five or six fragments. Let me simply ask, in this place, How much comminution, and how much impaction would remove a fracture of the base of the radius from the class of Colles fracture? This question is raised for the consideration of those who desire to make fine distinctions and definitions.

Professor Bigelow saw a patient having an obscure injury of the base of the radius. The patient died on account of other injuries. On making a post-mortem examination, Professor Bigelow found a stellate fracture on the articular surface, extending into the base of the radius about an inch. The parts of the bone limited by the fissures were not displaced.

"M. Voillemier has given a representation of a case in which the upper fragment, rounded at its edges, was driven nearly three inches into the spongy tissue of the lower, and had broken the articulating portion into four pieces."

An account of some experiments on the forearm of the cadaver deserves to be introduced in this connection. An examination of the facts of experiments on the cadaver must, however, be of secondary importance to the examination of the facts of accidents to the living body, because the dynamic conditions are different in the two cases. Some facts of accident have been presented; let us now present some facts of experiment, as follows: namely—

M. Nélaton "amputated the forearm of a dead body at the elbow, and resected the olec-

ranon; then, applying the palm of the hand on a solid surface, the forearm being kept vertical, he struck a heavy blow upon the upper ends of the two bones. The wrist cracked, and became deformed, and dissection revealed a simple transverse fracture at the extremity of the radius, the lower fragment being thrown backward." So that M. Nélaton made a Colles fracture in the dead forearm, by compressing the base of the radius between "two counter forces;" and this on the authority of Malgaigne.

Dr. Daniel Ayres, in the years 1856–7, performed a series of experiments on the forearm of the cadaver, in a manner similar to that of M. Nélaton. He put the palm of the hand on a resisting surface, having the forearm placed nearly in a vertical position, and struck a heavy blow on the upper ends of the radius and ulna, producing a characteristic Colles fracture in every instance.

The facts of some experiments on the forearm of the cadaver were published by M. Bouchet, at Paris, in July, 1834. M. Bouchet, in trying to dislocate the wrist in the dead subject, only succeeded in fracturing the base of the radius, sometimes with other lesions, and especially with fracture of the styloid process of the ulna. He demonstrated that exaggerated flexion or extension of the hand on the forearm would break off the lower part of the base of the radius, and tear the fragment from the rest of the bone. And "M. Voillemier had two opportunities of observing analogous fractures in the living subject; in one case a man had fallen upon the lower half of the hand, not upon its 'heel;' in the other the patient had not fallen at all, but a comrade had forced his wrist into immoderate flexion [extension?]; here the conditions were exactly the same as in M. Bouchet's experiments."

During the present year, 1878, Dr. L. S. Pilcher made some experiments on the cadaver, before the Kings' County Medical Society, and repeated his experiments before the New York Academy of Medicine. The experiments consisted in binding the forearm of the cadaver to a firm body, and then forcibly extending the hand till the base of the radius was broken. Or, in binding the hand to a firm body, and then forcibly bending the forearm on the back of the hand, till the base of the radius was broken. The principle in each case is the same, and is identical with the principle of action put in experimental operation by Bouchet in 1834.

The next step in the experiment was to strike a smart blow on the proximal ends of the radius and ulna, as was done by Nélaton, or by Lecomte. There was here a combination, as it were, of two sets of experiments. On dissection two conditions were presented, namely: (1) The anterior radio-carpal ligament was not broken; about one-half inch of the base of the radius was broken off; the two fragments were more or less separated on the anterior aspect of the bone; and the two fragments were still in conjunction on the posterior aspect of the bone, being held together by the untorn periosteum. (2) The second condition was somewhat different, being described as one of greater severity than the first. It consisted in a partial displacement, backward and upward, of the entire lower fragment, and in a slight impaction of the two fragments. And these facts were added to the facts of the first condition. And it is proper to record in this place the unpublished fact that the carpal bones were sometimes broken during these experiments.

The main inferences drawn from these experiments are, it is believed, correctly expressed in the following words: In this kind of experiment "is the exact condition which is present in the production of Colles fracture." Hence, a Colles fracture is produced by forcible and extreme extension of the hand on the forearm, followed sometimes by the action of two "counter forces," that will make a slight impaction; and the theory that the base of the radius is broken between the action of two "counter forces" cannot be sustained by an examination of the facts. Let me ask, what facts? The facts of these experiments, or the facts of accidents? or both sets of facts combined?

These experiments, and by implication the inferences drawn from them, were received by some of the gentlemen who saw them, in such a manner as seemed to be of the nature of an endorsement. Professor Willard Parker "listened with profound interest, and had been much instructed by Dr. Pilcher's Paper." Prof. F. H. Hamilton was "proud to know that it was an American surgeon who had made the observations, and felt highly honored that the New York Academy of Medicine was among the first medical societies to which these observations had been unfolded." And it was suggested by Dr. A. C. Post "that the fracture should be called Pilcher's fracture, instead of

Colles fracture." Do these gentlemen, who with such generous words endorse the truly admirable experiments of Dr. Pilcher, leave us to suppose that they also endorse the *inferences* which the doctor draws from his experiments? Do they mean to tell us that Dr. Pilcher has demonstrated, by experiments on the dead forearm, the only actual and possible way in which an *accidental* Colles fracture can be produced in the living forearm? When we carefully consider the facts of accidents to the base of the radius, as well as other experiments on the cadaver, made by reliable experimenters, we cannot come to this conclusion.

Says Dr. Pilcher: "In the first place, the force of the impact is, in great measure, broken before it reaches the radius." In reply, let us ask, *Why, then, does the radius break?* What becomes of the impact if it is, in great measure, broken before it can get to the radius? The impact of the fall must be communicated to all or part of the palmar surface of the hand lever in case of an accident. And in either event the impact, as has been previously shown, is communicated, directly or indirectly, through the carpus to the base of the radius. And if the force of the impact of the fall, at a moment of muscular inactivity, comes, more or less, on the anterior carpo-radial ligament, by the way of a *pull*, why does it not come on the articular surface of the base of the radius, seeing that the base of the radius is the fulcrum, on which the carpal part of the hand lever rests and is suddenly and forcibly driven; driven upward and backward by the reaction of the resisting surface on which the palm of the hand strikes.

Again, says Dr. Pilcher, "In the second place, the lower end of the radius, by its expansion, and by the number and direction of the bony lamellæ which constitute its mass, is especially fitted for receiving and breaking shock, when applied to its extremity, in the direction of the long axis of the bone. In this respect it is the strongest part of the bone." Now let me ask, What need is there for especially fitting the base of the radius in any axis for receiving and breaking shock, when the impact and the shock are, in great measure, broken before they can get to the base of the radius? And why does the base of the radius break at all, in its long axis, if, in this respect, it is the strongest part of the bone? But it does frequently so break, as clinical observation and post-mortem examinations of recent accidents demonstrate. And if a small measure of the impact of a fall on the palm of the hand reaches the base of the radius, there cannot be much shock for the base of the radius to receive and break. How, then, does the base of the radius get broken? In the experiment, is the end of the radius pulled off by the anterior carpo-radial ligament? But this pulling on the ligament presses the carpus against the base of the radius, with a force exactly equal the extending force on the hand plus the straining force on the ligament.

There would be a difference between experiments on the cadaver and accidents on the living body. In the case of an accident to the forearm the muscles exert more or less *stress* on the structure of the bones, and this eventuates in more or less *strain* of the structure of the bones. In one case, before described, the stress and the strain from muscular contraction broke off the base of the radius. Such an accident must be very rare. And yet we cannot ignore muscular contraction, because it is almost always insufficient, when operating alone, to break the radius. There can be no doubt whatever, that muscular contraction is often a considerable factor in the accidental breaking of the base of the radius. But let it not be said that it is claimed that muscular contraction is *the* factor which breaks the base of the radius. We must look at all sides of this important and interesting subject. We cannot reject any factor, however insignificant it may appear. And muscular contraction is really no insignificant factor, in exerting stress and causing strain; and this must make the work of other breaking forces easier to be done.

In the experiment on the cadaver, the muscles are dead, and the stress and the strain, if any, come on the anterior carpo radial ligament, and on the base of the radius, as separating strain of the anterior part, and as compressing strain of the posterior part of the bone. Whereas, in case of muscular contraction, there is compressing strain on the anterior part of the bone as well.

Let me now state the nature of two dynamic conditions—

(*a*) A patient falls on the palm of the carpus; the motion of the carpus is suddenly arrested, and the carpus moves upward and outward, or upward, backward and outward, against the base of the radius, which at the instant receives the impact of the descending compact tissue of

the shaft of the radius, and the base of the radius is broken in a variety of ways; it may be penetrated, it may be comminuted, and it may be displaced. *And the line of fracture, whether transverse or oblique, occurs ordinarily in that part of the bone where there is least compact and most cancellous tissue, so that this part of the bone is weakest, or else it suffers more stress and strain than any other part.*

(*b*) A patient falls on the palm of the fingers and the heads of the metacarpal bones; the motion of the fingers and the metacarpal bones is suddenly arrested, and the carpus is pressed against the base of the radius upward, backward and outward, causing various forms of fracture, it may be admitted. And in addition to this, the palm of the carpus will ordinarily meet the resisting surface, and the force of reaction will be communicated to the base of the radius as an associated factor of the breaking.

Let us now compare an example of Dr. Pilcher's experiments with the second case of post-mortem examination made by Dr. Cameron. In the experiment the fragments were separated anteriorly, and hinged posteriorly; and in the accident the fragments were hinged anteriorly, and firmly impacted posteriorly. In the accident the periosteum was not torn through anteriorly, but was disorganized posteriorly; and in the experiment the periosteum was untorn posteriorly, but was completely torn through anteriorly. Even in the first case of Prof. Moore, the periosteum was broken through on all sides of the bone.

Suppose we admit that the base of the radius may be broken, in the living subject, after the manner of the experiments of Bouchet and Pilcher, the general inference that this is always or nearly always so, is contradicted by the following facts, namely—

First, The facts of the experiment of M. Nélaton.

Second, The facts of the experiments of Dr. Ayres.

Third, The facts revealed by the post-mortem examinations of recent fractures of the base of the radius.

Fourth, The facts revealed by post-mortem specimens, removed from the body after treatment of the fractures.

Fifth, The facts presented by a careful consideration of the dynamic relations in the causation of fractures of the base of the radius.

Sixth, The facts of the structure, and the function of the base of the radius.

We are now justified in coming to the following general conclusions, namely—

I. A fracture of the base of the radius may be distant from the lower articular surface about one and one-half inches, as observed by Colles; or from one-fourth of an inch to an inch, as observed by Robert Smith; or from three to twelve lines, as observed by Dupuytren; or from one-fourth of an inch to one and one-half inches, as observed by Hamilton; or a piece of the posterior lip may be split off, as observed by Barton; or the base of the radius may be fissured in the long axis, as observed by Bigelow. The perfect accuracy of these statements may be somewhat questioned, on the supposition that they have been made without accurate and exact measurements.

II. A fracture of the base of the radius may be *transverse.*

III. A fracture of the base of the radius may be *oblique.*

IV. When the base of the radius is broken, the average length of the lower fragment is somewhat more than one-half inch.

V. A fracture of the base of the radius may be *vertical.*

VI. A fracture of the base of the radius may be *impacted.*

VII. A fracture of the base of the radius may be *comminuted.*

VIII. A fracture of the base of the radius is generally caused by the reaction of the resisting surface on which the palm of the hand strikes at the time of the fall. The carpus be driven or pressed against the base of the radius.

IX. A fracture of the base of the radius may be caused by extension or flexion of the hand on the forearm.

X. Muscular contraction must be recognized as an associate cause of importance in fracturing the base of the radius.

XI. An important element in the causation of fractures of the base of the radius is found in the structure of the bone, the seat and direction of the fracture being usually where there is the least compact tissue.

In conclusion, I have but few more words to write, to wit:—

Dr. Pilcher writes in regard to the base of the radius: "The fracture never entails permanent disability." "The sprain is the fruitful source of long-continued, sometimes permanent,

impairment of the function of the joint." Are we to suppose that such distinguished surgeons as Parker, Hamilton and Bost endorse these broad conclusions? Let me be permitted to remind these gentlemen that they are the *experts* of the surgical profession, to be called, at any time, into courts of law, to virtually decide if any other reputable surgeon is guilty of malpractice. Now it will not be competent to deny that a case could occur; for I have recently seen a case of fracture of the base of the radius, some six weeks after the receipt of the injury, in which there was permanent displacement of the distal fragment and great *deformity*, on account of upward and backward displacement of the hand and the distal fragment, the base of the radius being broken off obliquely upward and backward, as could be unmistakably determined by an examination. And this case had been under the treatment of two good and reputable surgeons; and so far as could be judged at that time, Sir A. Cooper could not have done better. And Dr. Mott has distinctly affirmed that the most eminent surgeons cannot always prevent *deformity* and imperfection of motion in the treatment of fractures of the base of the radius. In fine, clinical observation and post-mortem examinations show that there are, and must be, some cases of fracture of the base of the radius which will inevitably result in permanent deformity and disability. Such a case may at any time come into court, as a cause for damages, in a suit at law for malpractice. And if the experts testify *that the fracture of the base of the radius never entails permanent deformity or disability, they will unjustly ruin the surgeon who is defending himself in a just cause.*

PROCIDENTIA UTERI AND ITS TREATMENT.

BY HENRY P. WENZEL, M.D.,
Of Theresa, Wis.

Read before the Rock River Medical Society, November 11th, 1878.

There is no other disease in the domain of gynæcology that produces so much discomfort and suffering as procidentia uteri. Whether it be caused by brutal treatment during labor, or falling or jumping, or from atonicity of the uterine ligaments or the walls of the vagina, or the displacement result from pressure—there is but one way to correct the malposition: reduction of the organ to its normal position and retention by proper appliances.

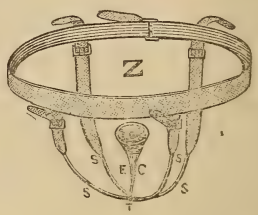
It is useless, here, to detail the anatomy or the relations of the parts involved. The redundancy of the vaginal walls and debility of the uterine ligaments are prime causes in this lesion. So soon as the womb is forced below its normal site for any length of time, congestion, and later, hypertrophy, result; the increased weight of the organ further displaces it, and with the prolapsed uterus follow the ovaries, bladder and rectum. During the first stage of prolapsus—really only a descent—there may be no inconvenience, nor erosions of the mucous membrane. But when the os tincæ presents at the vulval fissure, or the greater part or the whole uterus hangs pendent between the thighs, the mucous tissues are rapidly ulcerated or totally destroyed. In recent cases the uterus is congested and eroded or fissured, but later it is covered with erosions, ulcers and scabs; a fetid, thin, sanious pus exudes, which may endanger the patient's life by absorption or inhalation of septic matter. The bladder and rectum are displaced, the latter forward and downward, the former downward; the lower segment of the uterus is partly everted; the cervical canal forcibly dilated; the vaginal walls inverted, and the pelvic vault weakened; the intestines sink into the pelvic cavity and produce an unnecessary pressure on the displaced organs. The excruciating agony, the rectal and vesical tenesmus, and the host of concomitant symptoms, must necessarily result as a consequence of the malposition of all the parts involved. Is it a wonder, then, that the unfortunate patient prays for death to end her misery? Yet this lesion is generally easy to correct, and taken in time may not only be relieved, but cured, in young cases! There are legions of appliances to correct the trouble, but how many deserve notice or a name? How many of them relieve only temporarily, or, if you please, increase the evil. How often is a pessary unnecessarily applied, and by its pressure does infinite harm?

Why do these cases pass from one hand to another? Each one attempts to relieve; he who "quacks" the case longest gains the largest fee, and the disgusted patient seeks relief elsewhere. The difficulty lies here: the natural laws involved in this lesion are disregarded; the mal-posed anatomical structures ignored; no attention is paid to their relations, nor to

physiological functions; good common sense is of more value than theoretical speculation. Besides, there are many pretenders, claiming to be gynæcologists, who could not differentiate a prolapsed rectum from the prolapsed womb, or between the latter and prolapsed vagina; consequently, the treatment must be worse than useless! When an accurate diagnosis is made, the appliance to be worn for the correction of the deformity should be carefully selected and carefully adjusted, that it may fit accurately. It is as essential for a pessary to fit accurately, as for a boot to fit the foot nicely; pressure must, under all circumstances, be avoided. Dangerous and fatal inflammation may result from unnecessary pressure at any time.

Sometimes a mechanical appliance is altogether out of place. In general debility of the system, and atonicity or relaxation of the stays of the uterus, a simple tampon, locally, and the bitter tonics and iron internally, are followed by better results than the best pessary ever invented. Three years ago a lady, aged fifty-three, called to be treated. She could scarcely be out of bed. She suffered from general exhaustion, nervousness, etc. A year previously her health failed, and she had prolapse of the womb. A Hodge closed-lever pessary had been introduced by a physician, but her condition did not improve. She began to complain of tenderness and pain in the pelvis, which continued unremittingly, and was of course, attributed to the pessary. A thin, fetid liquid discharged constantly in small quantities from the vagina, and rigors followed by flushes of heat supervened. This was also laid to the presence of the pessary, and the attending medical adviser directed that the pessary must remain (to cover his careless blunder, and hide the damage done as long as possible). A vaginal examination revealed the pessary imbedded in the tissues. It was removed, and a gush of fetid, sanguinolent liquid followed. The vaginal walls were deeply ulcerated, and the posterior part of the cervix was nearly destroyed by the large sores in its substance. Locally, she was treated by a tampon, saturated with carbolized glycerine, and internally the bitter tonics and iron. In two months she performed all her household duties without any mechanical support whatever; nor has she worn any appliance whatever since; yet at the present time she is in good health, and there is no procidentia, or falling of the womb. The treatment was simple and rational, and the original trouble being removed, all danger of prolapse had vanished.

There are cases where ligaments holding the uterus *in situ* have been overstretched and exhausted; degenerative changes have taken place. Here complete recovery is impossible. The organ can be replaced, and must be kept in proper position by accurately fitting mechanical appliances, to remove the difficulty and relieve the patient's distress. The best instrument for



the purpose—see figure—I have found to be that manufactured by Dr. S. S. Staufer, of Philadelphia. It is composed of two parts; viz. an abdominal belt of strong elastic rubber, and a hard rubber stem cup, resting on two soft rubber tubes which pass through its base, and are attached to the belt in front and behind by buckles. The cup is placed on a curved stem, to fit the pelvis, thereby avoiding useless friction. The cups are of different size and shape. The instrument is easily applied, removed and cleaned. It cannot get out of order. There is no danger of caustic action, for gold and silver may corrode, rubber never. The instrument may remain *in situ* during urination and defecation, and does not cause annoyance in the sitting or reclining posture. All instruments must be accurately fitted, and Dr. Staufer gives exchange privileges until correct.

The two following cases were recently treated for procidentia uteri. One is a young mother, of 24, in excellent health, and the other an old lady, about 72 years of age, suffering from chronic bronchitis.

Case 1.—Mrs. W. jumped from a lumber wagon in October, 1877. She was in her third month of pregnancy. There was sudden pain and distress, and the attending physician found a prolapse of the second degree, reduced the dislocation, and applied a ring pessary which came away a few days after (application). She was delivered, at term, of a large, living, female infant. The midwife allowed her to get up on the third day. She felt immediate pain, tenderness and inconvenience, which constantly grew

worse. I saw the case for the first time two weeks later, and found complete procidentia. The uterus was as large as a fetal head, dusky red, and had some fissures on the exterior. The vagina was pulled down and inverted; there was internal vesical and rectal tenesmus, intense pain in the knees, etc. The organ was with difficult re-posed, and a tampon saturated with carbolized glycerine placed against the os. The vagina was packed with cotton. The dressings were changed every two days. She was kept supine for two weeks. There was improvement from the first, pain and tenesmus ceased, and appetite and sleep returned. She received no medicine internally.

Four weeks later the uterus was much diminished in size and free from ulcerations. I fitted one of Staufer's stem-cup supporters (cup 2½ inches). She performed her household duties at once with ease; the uterus was perfectly retained. She bound and carried sheaves during harvest, and does all kinds of farm work besides her household duties, and is happy. The instrument is worn since the 1st of May, and the relief is permanent.

Case II.—Mrs. F., aged about 72, was injured by an ignorant midwife, at the birth of her last child. She was treated with variable success by many physicians, and wore nearly every variety of pessary in the market without any benefit. Some called her trouble "prolapse" of the bladder; one "prolapse" of the vagina; one "prolapse" of the rectum. She was constitutionally treated, without any benefit whatever.

Status præsens, July 31st, 1878. Saw her the first time to-day. She is broken down in health; has *facies uterina*; eyes very weak; violent paroxysmal headache; anorexia and insomnia; locomotion is impossible; there is violent pain in both knees and in back; her pulse is neither slow nor fast, but feeble; she suffers from chills and flushes of heat, constant nausea and frequent vomiting. There is vesical and rectal tenesmus and an acrid diarrhœa. Her person is very offensive. There is also chronic bronchitis.

The uterus is completely prolapsed, and lies between the thighs. The mucous membrane is destroyed and the surface full of ulcers, which are covered with scabs and crusts; the ulcers extend to the muscular tissue, and exude a thin, fetid, sanio-pus. The external os is widely dilated and cervix partly everted; the cervical canal is a mass of ulcerated tissue; the fundus is also implicated; cavity nine inches deep. The vaginal walls are inverted and full of fetid ulcers. The bladder is drawn downward and the rectum downward and forward, forming a pouch, which is filled with fecal matter. In the upright position the intestines sink into the pelvic cavity.

The entire diseased mass was bathed with solution of thymol, which removed the fetor at once and permanently. The organ was with difficulty replaced, and a tampon saturated with solution of thymol—thymol, 1 grain; glycerin, 120 grains; water, 600 grains, applied. This forms a clear solution, and has a specific gravity of 1.026. It may be further reduced if found to "burn" too much when applied—placed against the cervix uteri. The vagina was moderately packed with cotton. For two weeks the dressings were renewed night and morning, subsequently every three or four days. Internally, pulverized glycyrrhizæ comp., of the Prussian Pharmacopœia, a heaped teaspoonful at night, in a tumbler of water, during her time of treatment.

August 1st, less nausea, and headache less violent; tenesmus only moderately severe. *There is no fetor*; appetite poor; local treatment same; internally (Wyeth's) elix. cinch. pepsin and bismuth. August 3d. Appetite improved; no pain whatever on walking; œdema of uterus subsiding; ulcers covered with granulations; uterine cavity six inches; treatment same. August 8th. Uterine cavity four and a half inches; healthy granulations. Internally four drops fl. ext. æsculus glabera thrice daily. August 23d. Uterine cavity three inches; uterine walls flaccid; no pain; no œdema; ulcers healed; general health much improved; treatment continued. August 28th. Applied a Staufer supporter, with two-inch oblique stem cup; all other treatment stopped. September 4th. Took a ride of twenty-four miles in a carriage yesterday, without inconvenience. General health very good. September 30th. Uterus held perfectly in position. There is neither discomfort nor annoyance. At the present time her general health is good; she attends to her few household duties, and the instrument has relieved the trouble permanently.

In conclusion, I wish to call attention to the use of thymol solution in uterine diseases. An extensive trial during the last six months, in diseases of the womb, convinces me that it is a

valuable adjunct in uterine therapeutics, and superior to carbolic acid.

1st. It cannot be made strong enough to act as a cauterant; thymol in substance feebly cauterizes.

2d. Thymol solution destroys the fetor instantly and effectually.

3d. Thymol solution leaves the grateful odor of *thymus vulgaris*.

4th. Thymol solution heals the ulcer more rapidly.

5th. There is no danger of toxic symptoms following the local application of thymol solution; it may be taken internally more freely than carbolic acid, without producing dangerous consequences.

SENILE GANGRENE.

BY SAMUEL BIRDSALL, M.D.,
Of Susquehanna, Pa.

Read before the Susquehanna County Medical Society, at its semi-annual meeting, held at Great Bend Village, Pa., October 8th, 1878.

Senile gangrene, as its name implies, is a disease peculiar to advanced life, but the middle aged, and even young, are not entirely exempt from it. It is, fortunately, a rare disease, attended, as it is, with so much pain and suffering, and resisting so obstinately all curative treatment. The pathological conditions giving rise to this disease have been thoroughly investigated, and may be said to be well understood.

There are, however, some points in regard to the treatment which are still unsettled; and on this account the experience of physicians should be recorded, for the benefit of the profession.

Prof. Gross says, "My belief, founded upon considerable experience, is, that we ought scrupulously to follow the practice long ago laid down by surgeons, not to interfere until there is a well marked line of demarkation; and, indeed, not even then, unless it is perfectly evident that there is sufficient strength of the system to bear the shock of the operation. I have, however," he continues, "seen several cases where amputation was succeeded by the most happy results before nature had made any attempt to cast off the slough, and that, too, under circumstances not at all promising, as it respected the powers of the constitution."

Prof. Armsby, of Albany, said, in a clinical lecture, a few years ago, "Be guarded in your surgical interference; pursue an expectant plan of treatment."

Erichsen says, "In gangrene from constitutional causes, it is a golden rule in surgery never to amputate until the line of separation has formed; for, as it is impossible in these cases to say where the mortification will stop, the amputation might be done either too high or not high enough; and, under any circumstances, the morbid action would, to a certainty, be set up in the stump. It is not even sufficient, in such cases as these, to wait until the line of demarkation has formed before removing the limb; these spontaneous or constitutional gangrenes having often a tendency to remain stationary for some days, and then creeping on, may readily overstep the line by which they had at first appeared to be arrested. Besides this, the local disturbance and inflammation set up by the amputation might be too great for the lessened vitality of the system or part, and might of itself occasion a recurrence of the gangrene. Hence, in these cases, it is always well to wait until the line of demarkation has ulcerated so deeply that there is no chance of the gangrene overleaping this barrier, at the same time that means are taken by the administration of tonics, nourishing food, etc., to improve the patient's strength and fitness for the operation. So soon as this has been done in a satisfactory manner, and all the soft parts, except the ligaments, have been ulcerated through, the mortified part should be separated, by cutting through the remaining osseous, ligamentous or tendinous structures, and then means should be taken to fashion the stump that has been so formed by nature." * * * * * * * *

"In senile gangrene it has recently been proposed to amputate the thigh high up. This practice has been successfully adopted by Mr. Garlike, Mr. James, of Exeter, and others, and certainly deserves a trial in all cases in which the health is otherwise good, and the constitution tolerably sound. It has not as yet been adopted in a sufficient number of cases to warrant a positive opinion on its merits, but it would appear that for it to succeed, the amputation should be done high up in the thigh, so that there may be a better chance of meeting with a healthy condition of the vessels, and good vitality in the limb; the operation being performed on the principle that this form of gangrene is dependent on local disease, ob-

structing the vessels of the part, and not always on constitutional causes."

Thus it will be seen that the expectant plan of treatment is the one advised by our best authorities. All who have had experience with this disease will readily admit that there are serious objections to this plan. The process of separation is slow, and, contrary to what might be anticipated, the disease is attended with a vast amount of pain, which deprives the patient of sleep, impairs digestion, and rapidly exhausts his strength. The fetor contaminates the atmosphere and adds to the patient's discomfort and danger. In addition, there is the liability of blood poisoning, from absorption of fluids from the gangrenous parts. There is but one plan of treatment by which these sources of danger and the pain may be removed. The one incidentally referred to by Erichsen, viz., amputation of the thigh. Having adopted this course in a case recently occurring in my practice, I report it as a contribution to the literature of this subject.

June 22d, 1878, I was called to see Mr. G. T., aged about seventy-five, a respected citizen of this town, a machinist by occupation, possessing good muscular development. Not corpulent; usual weight about one hundred and fifty-five pounds. Had always enjoyed good health, but his constitution now somewhat impaired. Found him suffering from pains in his right foot, not constant, but paroxysmal. There was nothing in the appearance of the foot or leg to indicate defective circulation, except when it was allowed to remain dependent for some time it became very much congested. For several weeks previous he had experienced some degree of pain, occasionally, in this foot. Pulse rather frequent; digestion impaired. Anodyne liniments and fomentations were applied, to relieve the pain, but proved insufficient, and opiates were resorted to.

For about two weeks moderate doses of Dover's powder occasionally were sufficient to render the patient comfortable. In three weeks the toes had assumed a gangrenous appearance. Mortification gradually extended over the foot and up the leg. Patient now experienced great pain. Large doses of opium were required. In four weeks two of the toes were removed without occasioning any pain. Deep incisions could be made in almost any part of the foot without pain. Tonics, especially quinine, were steadily administered, stimulants moderately given, and every means taken to maintain the patient's strength.

By the first of August superficial gangrenous patches had appeared within one inch of the knee joint. Here it halted in its progress. Various local applications, including the much vaunted charcoal and yeast poultice, were used. The application which proved most useful in soothing pain and destroying fetor was a lotion of liq. sodæ chlorinat. and tincture opii in warm water.

August 3d, consultation was held with Dr. C. C. Edwards, of Binghamton. Patient had now become considerably reduced in strength, and was gradually failing. Two plans of treatment presented themselves. 1st. To pursue the expectant plan and wait for the line of demarkation to be fully formed, and the soft parts to ulcerate through, then to remove the limb at the lowest point possible consistent with securing a good stump. It was thought, considering the patient's unfavorable condition, the adoption of this plan must soon result in a fatal termination of the case. Our only hope of prolonging the patient's life was in amputation of the thigh high up. Though the chances of success were extremely slight, it was decided that if the gangrene advanced no further for a few days to perform the operation.

Accordingly, on the seventh of August, I amputated at the middle of the thigh, by the anterior and posterior flap method, assisted by Drs. Smith and Boyle, of this place.

Upon removing the limb, it was noticed that the femoral artery did not bleed, and that it was completely occluded to a point about half an inch above where it was sawed. I removed the coagulum, and the blood flowed freely. Four ligatures were applied. The flaps were carefully approximated with deep and superficial silk sutures. A few adhesive straps and bandages completed the dressing.

One part of chloroform and two of ether was the anæsthetic employed. The femoral artery was compressed by an assistant. No tourniquet was used. The shock was apparently slight. Soon after the operation I commenced wetting the bandages with water and carbolic acid (thirty drops to a pint).

August 9th. Third day; the bandages were removed. It was evident there would be no sloughing, and that union by the first intention was taking place. The dressings (except the adhesive straps) were changed daily. The sixth

day union by the first intention was complete, and several of the sutures were removed.

Everything progressed favorably until about the fifteenth day, when it was discovered that an abscess had formed in the stump, which I opened through the cicatrix near the external angle of the wound. The discharge at first was considerable in amount, but gradually diminished and ceased in two weeks, four weeks from the date of operation. At that time the stump was soundly healed and entirely free from pain and tenderness.

I attribute the formation of this abscess to the bruising of the flesh against the extremity of the bone, as the patient had been moving about in bed quite freely not exercising due care to prevent it.

I have been thus careful in describing the after treatment, to show that union by the first intention, after amputations, may be obtained without resorting to Lister's method, or using any of the complicated antiseptic dressings. No pain was experienced after the operation except upon sudden movement. Although the patient is aged and rather feeble, his recovery is complete.

The results of this case must influence our minds strongly in favor of early amputation in all cases of senile gangrene, and at a point sufficiently high up to secure healthy condition of the blood vessels and good vitality of the parts.

The artery below the point of amputation was completely occluded by a firm clot, of reddish color, adhering to the somewhat roughened inner coat. The structure of the artery appeared considerably altered, being cartilaginous, with some calcareous deposit. The calibre of the artery was diminished and its natural resiliency lost.

Nitrite of Amyl as a Sedative.

The Boston *Medical and Surgical Journal* states that Dr. Lyman tried, with success, nitrite of amyl in a case of the opium habit, where, after two or three nights of complete wakefulness, consequent on breaking off the habit, a nervous irritation had ensued, most distressing to the patient and the friends. He had caused the patient to inhale the nitrite directly from the vial; two or three whiffs had been sufficient to bring on the therapeutical effects, which were followed by refreshing sleep. The flushing of the face had been the criterion for ceasing the use of the drug in this case.

Hospital Reports.

JEFFERSON MEDICAL COLLEGE HOSPITAL.

CLINIC OF PROF. GROSS, OCTOBER 2d, 1878.

(*Concluded from page* 429.)

Treatment of Chronic Synovitis of Knee-joint by the Actual Cautery.

A. E., aged seventeen years. You notice that this young woman's knee is very much enlarged. Her mother informs me that about four months ago she struck the knee against a door post, an accident which eventuated in synovitis of this joint. You remember that the knee has the largest articulating surface of any joint in the body, lined, as you know, by a delicate membrane, which, like other serous membranes, forms a shut sac, and ordinarily secretes only sufficient synovial fluid to lubricate the opposing surfaces of the articular cartilages, and make them glide smoothly over each other. In cases where there is a gouty or rheumatic diathesis, and in some forms of syphilis, there is a special tendency to inflammation of this membrane, which, in the course of the disease, may become involved throughout its entire extent and great structural mischief be done. Considerable distention of the joint may be produced by the free secretion from the inflamed surface, though the quantity in this patient is remarkably small. In chronic inflammation, as in the case before us, the fluid is more viscid than in the natural state, and becomes yellowish, amber color. It may even contain a few globules of pus. In addition to this there is doubtless more or less thickening of this membrane, from deposit of plasma in the meshes of the areolar tissue. This plastic deposit may tend to increase its density; or, on the other hand, the synovial membrane may be softened, from the inflammation, and even go on to gelatinoid degeneration, as described by Sir Benjamin Brodie.

It is very important that this joint should be restored to its natural condition before extensive nutritive and structural changes have taken place. In order to accomplish this object in the present instance, it will be necessary to employ means of counter-irritation more vigorous than any that have yet been adopted, since all others have uniformly failed. Blistering, which was faithfully, though ineffectually employed, is a good method of counter irritation, and doubtless did good in preventing thickening of the synovial membrane, and in keeping down effusions. When the disease resists such treatment, combined with the internal administration of the iodides, we can still resort to the best of all counter-irritants, the actual cautery. By its aid we are enabled to make an impression upon the deeper tissues, more lasting and more powerful than by any other means. The absorbents will be stimulated, while subsequent irritation of the joint will be prevented by putting it completely at rest by splints and extension for a

period of three or four weeks. When a joint, whether large or small, is the seat of inflammation, it is essential that it shall be kept absolutely at rest, a principle that applies with especial force to the knee, where the rubbing of such large opposing surfaces cannot fail to keep up and increase the morbid action.

The patient being unconscious, from the effect of chloroform, the cautery will now be applied. Having the iron heated to a white heat in a charcoal furnace, the cinders are rubbed off, and the surface of the knee on each side of the patella is well scored, a cloth being held under the cauterized spot to prevent the burning fat from running over the skin. This ascending smoke would, doubtless, prove a grateful incense to the old Arabian surgeons, especially to Albucasis, who wrote fifty six chapters on the use of the actual cautery.

The only application necessary after the hot iron is a cold-water dressing for a few hours, to be followed, to-morrow morning, by an emollient poultice. This must be kept up not only until the detachment of the eschar, but until the sores are healed, in order to favor the discharge of pus. There is usually no pain after the application of the cautery, but in case the patient should complain after recovering from the anæsthetic, we shall give her a full anodyne. At any rate, we shall place her upon the use of eight grains of the iodide of potassium and one-twelfth of a grain of bichloride of mercury, thrice daily, for its general effect upon the system, and its influence in removing the deposit in the interstices of the lining membrane. Her diet must be plain and unirritating, and absolute rest enjoined.

Hydrocele in a Child, and its Radical Cure.

This little boy, seven years of age, has, accord ing to his mother's statement, some trouble in the scrotum. You see at once that there is something wrong here. A cylindrical tumor, not pyriform, but quite elongated, occupies the left side of the scrotum, with the testicle not at the bottom, as in inguinal hernia, but at the junction of the lower with the middle third, posteriorly.

In a dark room we might determine the character of the tumor by testing its translucency by the light from a candle. We should find it to exist here, beyond a question. However, should there be any doubt upon the subject of its contents, we may employ the little magician we find in our pocket cases—an exploring needle—as it is usually called. After insertion, we notice that its withdrawal is followed by a few drops of a clear fluid, like spring or well water, which at once reveals the true nature of the case. It is nothing but a hydrocele, a collection of water in the vaginal tunic of the testicle, which, as you know, was originally a portion of the general peritoneal membrane that, in the latter stages of utero-gestation, descended with the testicle. Afterward the canal in the upper part of the funnel-shaped portion became occluded and impervious, making a distinct cavity for the testicle. Occasionally, owing to some defect in the absorbent vessels, the fluid naturally secreted by this serous membrane, accumulates and passively distends the sac. This condition sometimes follows a blow or injury to the part, but, as a rule, we can assign no cause for it whatever. The loss of balance between the secreting and absorbent vessels exists, but why, we are unable to say. As a consequence, however, there is a collection of watery secretion, which forms what we call a hydrocele. The fluid is albuminous, and has a saline taste. In some instances there may be fibrinous particles, or lymph, as a result of inflammation of the sac; and in long-standing cases the fluid may be dark-colored, almost black, from the presence of coloring matter of the blood. I have known a hydrocele to terminate in suppuration and evacuate spontaneously, but this termination is exceedingly uncommon. The testicle may be enlarged, and thus give rise to the dropsy, just as a tumor of the ovary, or an enlarged liver, will produce ascites.

In the present case the testicle is healthy. Many methods have been devised for the radical cure of hydrocele, which it would take too long to discuss. We will use in the present case the seton, which I prefer for children. Introducing a single thread first, and then evacuating the sac with a bistoury, you see that the tumor has disappeared, and the testicle now occupies the bottom of the scrotum. The thread need not be left in longer than forty-eight hours; by that time, if not before, sufficient inflammation will be excited to cause the adhesion of the opposing surfaces. I am not a believer in the idea that the cure is effected by altering the relations of the secernent vessels. On the contrary, I am satisfied that the sac is obliterated by an effusion of plasma. If the inflammatory action threatens to transcend the proper limits, it may be reduced by cooling applications, such as a solution of sugar of lead. The patient must be kept quiet in bed for several days.

Hydrocele in the Adult.

Mr. B., colored, 49 years of age, also comes before us with an enlargement of the scrotum, which has existed since 1875, and which we recognize as another hydrocele. In chronic hydrocele, as a rule, there is thickening of the spermatic cord, and enlargement of the testicle. This tumor is quite solid; at the same time it is somewhat elastic. It is rather pyriform in shape. I am not certain that this is a pure case of hydrocele; it may be a collection of water from disease of the testicle. You must be guarded in your statements to your patients, as to the nature of the affection, and the results to be expected from the operation, as it is easy in such cases to make an error in diagnosis. In performing the operation of tapping, the trocar must not be thrust in directly to any distance, otherwise it may injure the testicle.

Tapping our patient, we find the ordinary

limpid contents, and that the testicle is not enlarged. It is a case of simple hydrocele. Leaving the trocar in its place, we inject, through it, two drachms of a mixture containing equal parts of tincture of iodine and alcohol. This is thrown into the vaginal tunic of the testicle just relieved of its contents, and after rubbing it, so as to bring it thoroughly in contact with every part of the inner surface, it is allowed to remain. Now, in the other case, I introduced a seton, because in the child there were none of the structural changes in the vaginal tunic, such as we find in older persons, where it becomes necessary to adopt some more active means to excite inflammation. Dr. Levis, one of the surgeons of this hospital, uses fluid carbolic acid (ʒss to the ounce of water), which is injected in the same manner as the iodine; it is recommended as being painless and antiseptic, and I have used it in some cases with good results.

The patient must immediately be put to bed. To-morrow we may expect to have sufficient inflammation for our purpose; the scrotum will then, perhaps, be nearly as large as it was before the operation, but this will soon subside under evaporating lotions. He must be kept upon a restricted diet, and the bowels must be opened with castor oil, aided, if necessary, by puncture. If the operation prove successful the hydrocele will be radically cured; it can never return, for the cavity of the sac will be entirely obliterated by the inflammation, and consequent adhesion, of its walls.

Editorial Department

Periscope.

Family Idiosyncrasy in Regard to the Use of Silver Nitrate.

Dr. Meriwether Lewis says, in the Nashville *Journal of Medicine and Surgery*:—

While we all know that certain persons have such idiosyncrasies in regard to opium, quinine, ipecacuanha, iodine, mercury, and various other medicinal agents in common use, few, if any, have heretofore observed any peculiarity in this respect in their employment of the silver nitrate. Having recently met an instance in point, it is published in the hope that others may be induced to do likewise, should they have had a similar experience in their use of this valuable and much employed agent.

Recently, while treating a young man for gonorrhœa, complicated with syphilis, an injection was prescribed as follows—

℞. Argenti nitratis, grs. viij
Aquæ destillata, ʒviij. M.
Fiat. injectio.
Sig.—Inject twice daily.

Notwithstanding the acute stage had passed, and all febrile symptoms had disappeared, the injection at each employment was followed by the most violent pain in the urethra, extending in a few minutes to the rectum, prostate, bladder, kidneys and spine. The pulse and temperature rose rapidly, and the muscles of the abdomen, together with the flexors of the lower limbs, showed a strong tendency toward clonic spasm.

The injection was used thrice; and each time the above mentioned symptoms were rapidly developed, persisting, in each instance, for half an hour or longer. Of course the idiosyncrasy was at once recognized, and the offending remedy discontinued.

Zinc sulphate, zinc and lead acetates were subsequently employed in the ordinary doses of the text-books, curing the gonorrhœa, and producing no other symptom besides the subjective sensation of scarcely perceptible stinging in the urethra.

The young man is about 21 years old, free from all organic disease of the vital organs, powerfully built, indeed, almost a Milo—able to "wrestle with an oak," and save his fingers in the conflict better than he did his *penis* in his late encounter with his inamorata.

A younger brother of the patient's contracted gonorrhœa at the same time, and was treated, after the case had become chronic, by a neighboring physician, who likewise prescribed the silver salt, and with results equally as bad, if not worse than mine.

The patient's father, a powerful, healthy, middle-aged man recently used a weak collyrium of silver nitrate for a case of conjunctivitis in his own person, with no better success—the salt acting in his case, as in the others, as a violent irritant.

Sexual Excesses and Masturbation as Exciting Causes of Insanity.

On this topic Dr. E. C. Seguin says, in the *Hospital Gazette*—

Sexual excesses operate in two ways. First, though there is a drain by the loss of semen, I do not believe that this factor is of much importance. But there is nervous exhaustion. The sexual act is accompanied by a semi-epileptic seizure. There is a degree of muscular spasm with a probable dilatation of the pupil

and a rise in temperature. When this act is inordinately repeated, a great strain is caused to the nervous system, leading to a variety of results, such as debility, paretic legs, impairment of memory, etc. Excesses or masturbation may lead to insanity, and it is a well recognized cause in a few cases. The number of cases produced in this way is considered to be quite large by some, and very small by others, This is not surprising if we consider the multiplicity of circumstances that may be involved. The various numbers only represent the particular views held by the different superintendents.

Secondly, there is the element of remorse that follows sexual excesses, especially self-abuse. A man commits sexual excesses and then greatly regrets it and feels mortified. The idea of remorse is constantly present in his mind, and he may never forgive himself. Some patients fifty and sixty years old have a few nervous symptoms, and because they masturbated when young, ascribe all their trouble to that cause, but in reality their disease is not the result of their transgressions.

By peripheral irritation I mean not only a nervous disturbance elsewhere than in the brain, but any irritation of any of the organs. Dr. Storer has written a small work on the influence of uterine diseases over mental troubles, and has shed considerable light on the subject. I have no doubt that to-day a large number of female patients in asylums need a specialist, and many could be thoroughly cured by the replacement of a uterine version or the curing of a uterine inflammation. Superintendents of asylums, as a rule, are incapable of attending properly to these maladies, and they have an aversion to calling in an outsider. Some have a great repugnance to such cases, for fear of being accused of assault. For very many reasons every asylum should have consulting physicians and surgeons. Dr. Storer cites case after case, showing a cause of insanity to be uterine difficulty, and European statistical reports point the same way.

Neither would I ignore similar facts in men. A specialist might sometimes relieve an insane patient entirely. Other peripheral injuries and internal diseases may likewise cause reflex insanity.

The Treatment of Baldness.

In the Atlanta *Medical and Surgical Journal*, Dr. George H. Rohe writes on this widely interesting subject.

Having been himself a sufferer from seborrhœa and consequent alopecia for six or seven years, the writer has, as may be supposed, tried a great many remedies with a view to its alleviation and cure. Arsenic internally, stimulating washes or oily applications, containing in the one case corrosive sublimate, in the other quinine, or tannin, in still another some of the stimulating oils, were used with no appreciable effect either on the formation of scales or the depilation. Finally, about two years ago, an item went the rounds of the medical journals to the effect that a French physician, whose name has escaped me, had found that the local use of a five per cent. solution of chloral hydrate was a sovereign remedy for the trouble under consideration. Rejoiced that at last I could appropriately shout "Eureka!" I began to use the chloral wash assiduously for about three months, following the directions given as accurately as possible. At the end of the three months the production of scales was more rapid and the fall of hair greater than ever. Disgusted with the failure of all the therapeutic measures which had been so highly lauded, I almost decided to let the affection takes its own course, and run the risk of a shiny bald pate at thirty. About that time the second volume of Hebra's classical treatise on diseases of the skin,* came to hand, and one of the first things I read was Kaposi's thorough article on alopecia. Impressed with the reasonableness of the views put forth by Kaposi, I determined to give his plan of treatment a trial, with the result of checking the fall of hair and diminishing the production of scales in a reasonable short space of time. I have since then recommended the plan in a considerable number of instances, and when it has been faithfully carried out, with uniform success.

The success of the method depends upon the use of an agent which, while mildly stimulant, removes the scales and thoroughly cleanses the scalp. This agent is the German or French soft soap (green soap, schmierseife, savon vert.) in alcoholic solution. This soap is now imported in large quantities and prescribed daily by the dermatologists of Boston, New York, Baltimore, Philadelphia and other cities. The soap, containing an excesss of alkali, saponifies the fatty matter of the sebaceous secretion, and it is thus easily removed. The alcohol greatly assists this action, and seems also to have an alterative action—if such an indefinite term is excusable—on the glands. The two may be combined as follows:—

℞. Saponis viridis (Germ.),
Alcoholis, āā. ℥ij.
Solve, filtra, et adde ol. lavandulæ gtt. xx–xxx.

The oil of lavender is added to cover the disagreeable fishy odor of the soap. The above makes a very handsome orange or wine-colored preparation, with a pleasant odor, to which the most fastidious will hardly object.

This is used as a shampoo every morning or evening, pouring one or two tablespoonfuls on the head. Upon the addition of water, and smart friction with the fingers, a copious lather is soon produced. After keeping up the shampooing process for four or five minutes, all the soap must be washed out of the hair by the free use of warm or cold water, and the hair thoroughly dried by means of gentle friction

* Hebra & Kaposi; Hautkrankheiten, 2 Band. Erlangen, 1876.

with a soft towel. The immediate effect experienced is a disagreeable feeling of tension of the scalp, as if it were stretched too tightly over the skull. To obviate this effect, and to keep the scalp from getting too dry, and thus, perhaps, set up a true pityriasis, it is necessary to follow up the shampooing with some fatty application, which may contain some mild stimulant, thus: Castor oil, 1 part, to alcohol 3 or 4 parts, with a little oil of rosemary or cinnamon, or the elegant pomades and oils of Bazin and other manufacturers may be used. But the best, as well as the neatest preparation that I have employed for this purpose, is the hydrocarbon known in commerce as cosmoline. This is a product obtained from petroleum. It is entirely bland and unirritating; never turns rancid, and is comparatively cheap. It may be obtained in the fluid form or as a soft solid.

This procedure, shampooing, drying the hair and applying the greasy preparation, must be repeated daily for three or four weeks. In the course of that time it will be discovered that the production of scales and the falling of the hair has been very markedly decreased. It will then suffice to repeat it two or three times a week for a month or two longer, after which a good shampoo once a week will usually succeed in maintaining a permanent cure.

Most patients will be alarmed after using this method at first, because the hair comes out in greater quantity than before. This is due to the fact that a large number of hairs are dead and only retained in their follicles by the plugging of the sheath with the accumulated sebaceous matter. The patient should, therefore, always be prepared for this result, and the cause of the increased falling of the hair explained to him.

It is not necessary, though more convenient, to cut the hair short during the treatment.

When the alopecia has lasted so long that the hair bulbs have become atrophied, nothing will restore the hair on those spots. Our endeavors must be directed to saving what remains. A prognosis favorable to the restoration of the hair must, therefore, be given with caution.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——We do not know who O. S. Saunders, M.D., of Boston is; the name is not in the Massachusetts Medical Directory; but we respectfully acknowledge the receipt of an essay on Menstruation and Ovulation, by this author. It is stated to have been read before the Ladies Physiological Institute, of Boston, and published by request of said ladies. We suppose Saunders is a female, for certainly no male would have the —— well, we shall call it the hardihood, to read this essay before any ladies whatever; and as for the ladies of the institute —— here we are again at loss to choose our words, so we shall keep silence. Perhaps we judge hastily, for we confess to have read only one page of the book, p. 13, the one that contains what the author calls an "amusing" incident of "a lady of symmetrically voluptuous development," (ah!) who "was able to gratify her passion, and ovulate, without the aid of a member of the opposite sex" by a procedure all her own. (For sale by James Campbell, Boston.)

——October brought us two new medical journals. One is the *Southern Clinic*, edited by Dr. C. A. Bryce and J. R. Wheat, Richmond, Va. They announce their intentions in idiomatic American (we cannot say English) in these words: "We shall endeavor in every way to maintain that high standard of purity, and flat-footed squareness which every organ of the regular medical profession should hold." The second is the "*Medico-Literary Journal*, a monthly devoted to diffusion of medical knowledge among women," edited by Mrs. W. P. Sawtelle, San Francisco. The exciting cause of this periodical seems to be "Our Sanitarium," which is "the most healthy spot," etc.

——Dr. S. Weir Mitchell was selected to deliver the address dedicatory of the new buildings erected by the University of Pennsylvania for its dental school and medical laboratories. He showed his audience, in well-chosen words, the advantage reaped by medicine from the use of instruments of precision in diagnosis, and concluded with the announcement that the next great enterprise to which the University looks forward is the creation of a great American School of Veterinary Medicine.

——The treatment of placenta prævia is discussed by Dr. George Sutton, of Aurora, Indiana, in a reprint from the Transactions of the Indiana State Medical Society. He goes back to that recommended long ago, 1752, by Smellie: "Dilate with the hand and deliver at once."

——"*Progress*," the new weekly, edited and published by John W. Forney, in this city, is upon our table. It is in large quarto form, with handsome new type, and presents a wide range of literary, political, social, legal and artistic headings, under which every one must find something to entertain and instruct them. We wish it a long and prosperous career.

THE

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THE PROPOSED NATIONAL PUBLIC HEALTH BOARD.

Active measures are in progress toward the establishment of a National Public Health Board, for the purpose of improving public hygiene, for carrying out scientific and systematic investigation into the causes and preventive measures of epidemic, contagious and infectious diseases, and in collecting the vital statistics of the United States on some uniform and general plan. A memorial has been drawn up and will be presented to Congress with this object.

It is extraordinary how backward this country is in these matters. The indifference with which all subjects of State medicine are treated by Congress and by State Legislatures would seem to betoken a cynical indifference to human life, health and happiness, on the part of those elected to protect and further these aims. But, in fact, such an interpretation would be an unfair one. The neglect of such subjects arises from ignorance of the vast importance of sanitary science to the welfare of the commonwealth, and extends to the homes and health of the legislators themselves. Last winter we were present one day in the House of Representatives, when one member requested permission of the House to bring before it a matter relating to the heating and ventilation of the chamber, which, he added, was of immediate moment, as involving the health of members. In spite of this, objection was made to the introduction of the subject, and the order of the day was demanded.

This summer has taught a lesson which it seems will bear fruit. The loss by the yellow fever epidemic, one way with another, is set down in round numbers at *two hundred million dollars*. Say that this is a willful exaggeration, and divide it by eight, and there is left a loss in a few months of twenty-five million dollars. Now a most efficient national board of health, with all its officers of able men, with its machinery in good working order, with ample means to print and distribute its results, would cost

less than half a million dollars annually. In other words it would cost for fifty years far less than this epidemic has cost in five months! And of its good effect no intelligent man will doubt. We do not hesitate to say that in the future no epidemic of yellow fever equal to that of this summer would ever again visit our land, were such a board organized as it should be, with power to enforce its decisions.

But the Memorial before us asks for no such sum as we have mentioned. Indeed, its request is for a sum so small that any hesitancy in giving it would be inconceivable. It asks for *thirty thousand dollars*. And for what purposes? We quote the proposed organization of the board and the duties it proposes to perform. The provisions are:—

I. That the board shall be constituted by one medical officer from each of the following named departments, namely: The medical department of the army, the medical department of the navy, and the marine hospital service, and of two physicians from civil life, selected on account of their knowledge in matters pertaining to public health. That the medical officers of the government services for this board shall be detailed by the secretaries of war, of the navy, and of the treasury respectively, and that the three officers so designated shall select and recommend to the President, for appointment, the other two members of the board.

II. That the board so constituted shall be known as the United States Public Health Board, and that its duties shall be to obtain information upon all matters affecting the public health; to consult with the superintendent of the census with regard to the disease and mortality statistics to be collected and prepared under his direction; to advise the several departments of the government, the executives of the several States, and the commissioners of the District of Columbia, on all questions submitted by them, or whenever in the opinion of the board such advice may tend to the preservation and improvement of the public health. To establish a standard of the qualifications which should be possessed by a municipal health officer, to examine those who may present themselves for examination as to their fitness for such a position, and to furnish suitable formal certificates to those found to be properly qualified.

III. That the detailed officers shall receive their usual payments, allowances from their respective departments, and that the two physicians selected from civil life shall each receive compensation at the rate of five thousand dollars per annum from the funds appropriated for the use of this board. That the ordinary sessions of the board shall be in Washington, where it shall have its office, and that at least one member of the board shall be always on duty during the usual office hours.

IV. That the board shall prepare and present to Congress an annual report of its operations, with such recommendations as may seem to it advisable.

V. That when deemed specially desirable by the board it may send one or more of its members to any point within the United States, for the purpose of investigating a disease or other matter specially affecting the public health, and that the actual traveling expenses of the members so sent shall be paid from the funds appropriated for the board.

For the present such an organization is the most that we can hope for. But when this nation deserves to be called an *enlightened* one, when our legislators are awake to their real duties to their constituents, when the government is actually carried on for the greatest benefit of the people, we shall have a department of the National Government as important as that of War, or for Internal Affairs, with a Secretary of Sanitation in the cabinet, and as a result, epidemic pestilence will be as impossible then as an extensive famine is now.

Notes and Comments.

New Microphone and Stethoscope.

At a late meeting of the Franklin Institute, in this city, Dr. Isaac Norris presented and described a new form of microphone, devised by himself, in which he employs a cylinder of wood or other light material, about 3″ in diameter, and 4″ long, placed horizontally, over either end of which is stretched a membrane, forming two diaphragms. To the centre of one of the diaphragms is attached a silk thread, which passes over a small pulley, and has suspended at its end a metal cone with a carbon point. This cone is made hollow, in order that its weight may be adjusted by adding small shot. Directly under the cone is placed a carbon rod, adjustable perpendicularly, so as to secure a very delicate contact. The electric circuit is completed through it, the cone, and a Bell telephone. This instrument is very sensitive to sound, and with a stethoscope, connected with the cylinder by means of a flexible tube, was designed to aid in the study of the sounds of the heart and lungs.

Temperature in Fever.

A correspondent in Washington takes us up on what we said about fever on page 366, and thinks that he figuratively throws us over by sending us a copy of the fourth Toner lecture, in which it is maintained that elevation of temperature is "the essential part of fever." But we don't succumb even to such authority. That elevated temperature is generally present, we admit; but there are also cases of fever where the mercury sinks below the norm; and the very highest temperature we have seen recorded was not in fever at all, but in hysteria. Again, it is notorious that neither the symptoms nor the gravity of fevers bears a constant ratio to the temperature.

On Diphtheria.

Dr. E. M. Snow says, in his last report as Registrar of the city of Providence—

In connection with this subject I think it my duty to ask the attention of the people of Providence, and especially of parents, to the following statements:—

1. No case of diphtheria occurs without an adequate cause. This is self-evident.

2. The cause of nearly all cases of the disease exists in the houses or premises, or within a few feet of the houses where the cases occur.

3. The cause of nearly all the cases that occur in the city is breathing impure air from privy vaults or sink drains, or cesspools; or drinking impure water.

Much observation and long-continued and careful investigation have perfectly satisfied me of the truth of these propositions, and they are applicable to all cases, whether in the tenements of the poor or in the mansions of the rich.

Results of Opium Smoking.

Some remarks on this subject are recorded by Dr. Ayres, Colonial Surgeon at Hong Kong. According to the opinion and experience of this officer, it is a misapprehension to attribute to the smoking of opium, as a rule, the fearful and ghastly results with which it is usually credited. When offenders are committed to jail their allowance of opium is frequently stopped altogether, but no evil results ensue. It would appear that opium eating has been confused with opium smoking, and that many who practice the latter are the subjects of scrofulous diseases in their worst forms and most advanced stages.

Doubtful Novelties.

Dr. W. P. Gibbons, of California, does a good work in the October number of the Pacific *Medical and Surgical Journal*, by exposing the pretended new remedies from California called *Yerba Santa*, *Berberis Aquifolium*, *Cascara Sagrado* and *Yerba Reuma*. They have been pushed on the profession by a Dr. I. H. Bundy, and by the efforts of Parke, Davis & Co., of Detroit. We regret to add that several medical editors have either been entrapped or have deliberately been bargained into giving their sanction and aid to this form of mercantile exploitation of the profession and their patients. We have a right to demand of them that they now publicly retract their statements about these pretended remedies.

Remedies in Epilepsy.

The last two are veratrum viride and cannabis indica. Dr. E. F. Mordough, of New York, has recommended the former; and Dr. Wharton Sinkler, of this city, the latter. The latter says (Philadelphia *Medical Times*, Sept. 28th), "I have not been able to find any reference to the use of Indian hemp in epilepsy." If he had turned to *Napheys' Medical Therapeutics*, 5th Ed., p. 48, he would have found that it has been tried long since, without satisfactory results.

Effects of Publicity on Suicide.

An Italian medical society which meets at Pisa, recently sent a request to the various Italian papers to cease reporting suicides, stating that after careful study of the subject they had reached the conclusion that such publicity tends, at least in Italy, materially to increase the number of those who destroy themselves. The motive is sometimes imitation, sometimes a morbid thirst for notoriety.

Carbolic Acid in Smallpox—A Claim for Priority.

In the *Lancet*, for October last, Dr. Eade, of Norwich, and Dr. Robert Bell, of Glasgow, both put forward, with some sub-acidity, their respective claims to the priority of suggesting the use of carbolic acid in small-pox. Dr. Bell had rather the advantage, his first case being in December, 1871.

Now, we would call the attention of these gentlemen, and others interested in the question, to the Medical and Surgical Reporter, for January 6th, 1871, page 20, where they will

find a letter from Dr. D. P. Boyer, of this city, advocating the use of this drug in this disease. So both of the claimants can step down.

"Porphyrized" Iron.

This threatens to be a rival of "dialysed" iron. According to M. Cabrol, of Paris, it is superior to all preparations yet discovered. He says it is well known that iron oxidizes very rapidly when exposed to the air, and owing to this many of the simple forms of the pure iron cannot be readily used as medicines. The "porphyrized" metallic iron, by the process of Coquet is, however, to all intents and purposes, unalterable. This process is based on the preservative influence of cane sugar, and is very simply prepared by mixing the pure metal with cane sugar, and then drying. This form may be prescribed either in pill or powder, and in cases of fatigued stomach he administers with the iron a few teaspoonfuls of milk or alkaline pastilles. He writes enthusiastically of the beneficial and unexpected good effects of this iron in many cases.

Urticaria Caused by Cinchonidia.

Dr. T. W. Rankin writes to the Cincinnati *Lancet and Clinic*—

Out of six cases recently met with in my practice, in three have I verified the soundness of our inferences by entire disuse of the cinchonidia for a few days, and then repeating it. Invariably did the erythema and intumescence disappear after withdrawal of the remedy, and reappear when again administered. I have one patient, a woman, to whom any form of Peruvian bark is wholly inadmissible, from the fact that it occasions a marked erythematous eruption, accompanied by the most unbearable itching.

Embalming the Dead.

The modern method of embalming the dead subject is, according to Dr. B. W. Richardson, very rapid and simple when it is compared with the ancient. A large artery of the dead body is exposed and opened, and into the vessel a hollow needle is inserted. The needle is firmly tied in its place. Through the needle a solution of chloride of zinc is injected slowly until it has found its way into every part. The principal art that is required in this process is to be very careful not to use too much force in driving the fluid into the tissues, and in not using too much fluid. The fluid which answers best is made as follows:—Into two pints of water, at fifty degrees Fahrenheit, add chloride of zinc slowly until the water just refuses to take up any more of the salt; then add one pint of water more, and two pints of methylated spirit. The five pints so produced are a sufficient quantity for embalming an adult body. The solution can be injected quite cold, and it will find its way readily over the vessels. If expense be not considered, pure alcohol may be used instead of the methylated spirit. The effect of the solution is shown by its making the surface of the skin white, firm, and, for a short time, slightly mottled. The apparatus necessary is extremely simple; it consists of a small ordinary anatomical case, and of an injecting bottle and syringe.

Effect of Coffee.

Professor Binz has been investigating the action of the constituents of coffee, which he finds possess a certain antagonism to the action of quinine. He injected beneath the skin of a strong dog .7 gramme of caffein, and the temperature in an hour rose one degree Centigrade. With smaller doses (.2 grm.) the rise is slighter (.3° C.), and after large doses (about 5 grm.) the elevation may be as much as 1.4° C., without there being any other disturbance obvious, except a somewhat stiff condition of the animal's muscles. Large doses also caused a considerable elevation of temperature, and death, with convulsive symptoms. This effect of caffein was hindered by curara and by artificial respiration.

Manitoba as a Health Resort.

The editor of the *Canada Lancet* says of this remote province—

Several cases of debilitated health from incipient lung and heart affections, have been completely restored to health by a sojourn of two or more years in Manitoba and the Northwest, and while we are unable, from lack of sufficient data, to particularize or discuss the *pros* and *cons* in detail, yet, nevertheless, sufficient information has come to our knowledge to confirm us in the opinion that the climate of Manitoba and the Northwest offers signal advantages to the invalid, and especially to sufferers from incipient constitutional affections of any kind.

Correspondence.

Ulceration of the Female Urethra.

Ed. Med. and Surg. Reporter:—

Every physician who has been in practice any considerable length of time must have often seen a class of cases with a history something like the following. There will be frequent desire to urinate, and after each act, although the bladder will be emptied, the patient will experience little or no relief; there will be vesical irritation and tenesmus, with a pain which is described by her as a "bearing down" pain, and she will be in such terrible agony when urinating as to cause her to sometimes be unable to control her cries. When the physician is consulted by this class of patients, they will often insist that there must be some displacement of the uterus; and almost any physician, without an examination, would conclude, from the symptoms, that the patient was correct in her surmises; but upon an examination he will often be puzzled and amazed to find the uterus in proper place, and, in fact, everything within the vagina in a normal condition. Many times have I been put to my wits' end to account for the symptoms described by my patients, after I had searched in vain with the index finger and vaginal speculum, and sometimes, in my own mind at least, unjustly accused my fair patients of exaggeration, or, in other words, of being hysterical. Never, until within the last six months, have I looked in the right place for the difficulty, viz., the urethra.

Case 1.—Mrs. G. called at my office saying that she had been recommended to call upon me, by her physician, and have me adjust one of my "soft rubber and silver wire pessaries," as she was suffering from a displaced uterus, of long standing. I made an examination, but could find no displacement. While searching for the difficulty in the vagina, I obtained the following facts from the patient. She had only passed about a tablespoonful of urine in the last twenty-four hours, not from retention, but each time she made the attempt was forced to desist, from pain. I also noticed that the bladder was somewhat distended; while making the examination I accidentally passed my finger along the anterior wall of the vagina, over the urethra, the movement caused the patient great pain, and I then found, upon careful examination, that the urethra was swollen until it presented to the finger a ridge as large again as a lead pencil, and the least pressure caused her fearful pain. I then introduced the catheter, which caused the patient to almost have spasms, from the pain the operation produced, and drew off a large quantity of very offensive urine; after which I withdrew the catheter and introduced a piece of large-sized glass tubing, one end of which was rounded, which I used for a speculum, and found, just within the meatus, an ulcer about a quarter of an inch long, and extending half-way around the urethra; with my rude speculum I could not see the neck portion of the urethra, but I have no doubt there was another situated at that point, as there was a tender spot touched each time the catheter was passed.

Since this case I have treated six others, some of whom I had unsatisfactorily treated before, and in each case I found an ulcer situated in nearly the same location, but differing in size, from a mere crack to the size of the ulcer described. In each of the above cases I touched the ulcers with nitrate of silver, and afterward syringed out the urethra with a solution—tannic acid, grs v, glycerine, ℥ss, aquæ, ℥ss, carbolic acid, gtts. xv—to be used twice a day. I also passed a catheter each time; the injection was used to prevent any contraction by the healing of the ulcer. Four of these cases are now entirely well, and the other two are still under treatment, but are progressing favorably. One of these cases had been to Chicago and had been treated by a physician in high standing, for uterine retroversion, which may, of course, have existed when she was there.

There are many causes for urethral ulceration, among which, I have no doubt, may be numbered uterine displacements, as in one of the cases which I treated there existed a prolapsus, the pressure from which, upon the bladder, may have caused the ulceration. I introduced, in that case, the pessary spoken of above, with the best results; it kept the uterus in place until the ulceration of the urethra was healed. I then removed it, and she has had no return of either the prolapsus or the ulceration. Another of the cases was, I have no doubt, either syphilitic or gonorrhœal, as she has had the first for years, and has the second now. Other fruitful sources of this difficulty are, undoubtedly, decomposed urine, from being long retained, want of cleanliness, etc., which is surely, in women, "next to godliness."

Greenville, Mich. O. E. Herrick, M.D.

Veratrum Viride in Puerperal Peritonitis.

Ed. Med. and Surg. Reporter:—

The following case has some points of special interest: Mrs. B., an apparently healthy married lady, multipara, age twenty-seven; eight and a half months pregnant. She suffered somewhat from varicose veins in the left leg. The treatment was the application of bandages every other day. She improved in her general health, showing no other disturbance whatever. Easy labor came on at the expiration of the forty-two weeks of gestation, and she gave birth to a living child weighing about twelve pounds. My presence during the second stage of what I have spoken was of no use whatever, as far as manual or instrumental assistance was concerned. The administration of two doses of ergot brought a good contractile power of the uterus, and combined with this, on the application of Crede's method, an enormous placenta was expelled, being at least two and a half times larger and heavier than the normal size. Soon

after, I gave my patient an anodyne and left her while she was sleeping. I visited her four or five times after her confinement, and, until the seventh day, everything was doing remarkably well; but on the morning of the eighth day, when she left the bed, she was taken by a violent rigor, which lasted about two hours, and was followed by free perspiration. I was called to see her at seven o'clock, P.M., and found her complaining of constipation, headache, pain in the epigastric region, and impaired vision; pulse rapid and feeble, rising 145 per minute; anxious expression of countenance; skin cold, damp; tongue white, dry, fissured, especially at the middle; on percussion a tympanitic sound could be heard, but there was but little tenderness on pressure. Temperature very high. She stated to me that the lochial discharges were fetid and very abundant, mixed with a small quantity of blood. I ordered her a bottle of citrate of magnesia, and told her to take half of its contents at once, and repeat the dose after half an hour if the first did not operate.

I came back at eight o'clock P.M., and found that the medicine had not acted; I gave her three comp. cath. pills, U. S. P., and also eight drops of veratrum viride every fifteen minutes. The therapeutic value of the veratrum was thoroughly exhibited by the fourth dose, when the pulse fell to 110. One-sixth of a grain of morphia was given hypodermically. The administration of the drug was continued every four hours. Permanganate of potash in the proportion of ten grains to the pint of water was used as an injection three times a day.

September 9th, seven o'clock A.M. Pulse 92; expression of the patient better; bowels have not moved; I prescribed oleum ricini and spts. of turpentine, āā. f.℥ss; the medicine acted promptly. Veratrum viride was discontinued. Sulphate of quinina and calomel, āā. grs.x, were administered every day.

September 10th, nine o'clock, A.M. Pulse 85; general appearance better.

September 11th, nine o'clock A.M. Pulse 82; the patient seemed to be well.

September 12th, ten o'clock A.M. Pulse 70, and she complained of great debility; I then ordered the quinia and calomel to be discontinued.

September 13th, three o'clock P.M. The patient left the bed perfectly well.

SEGUNDO ZERTUCHE, M.D.

Philadelphia, 1878.

A Case of Purpura Hemorrhagica.

ED. MED. AND SURG. REPORTER:—

I was summoned, August 7th, 1878, to see G. W. Moss, aged sixty years. I found him in a very alarming condition, owing to the loss of blood from the cavities of the mouth and pharynx. Upon examination, I found extravasation beneath the mucous membrane of the parts. He frequently vomited large quantities of dark, venous blood. The surface of the body and lower extremities were covered with dark purple spots, about the size of a silver quarter dollar, owing, no doubt, to minute extravasation beneath the surface of the skin. He complained of pain in the head, with vertigo, etc. I suspected extravasation into the serous cavities. The temperature seemed to be about normal. The capillary circulation was impeded. I considered the objects of treatment was to restore the normal condition of the blood and the capillary vessels, and to arrest the hemorrhage. With reference to these objects, I placed him on a light, nutritious diet, with small quantities of wine at frequent intervals. I gave him dilute sulphuric acid, also gallic acid, to control the hemorrhage.

August 2d. My friend, Dr. J. N. Goodson, met me in consultation. We found the patient growing worse; we decided, in connection with the above treatment, to put him under the sedative influence of veratrum viride.

August 3d. I found the patient still bleeding profusely, and suffering from great prostration. His condition was truly deplorable. I decided to put him on ergot, in connection with tonics and stimulants.

August 4th. I found him gradually improving. I continued the ergot until the hemorrhage ceased. He made a good recovery.

Lamar, Mo. MARCUS CARTER, M.D.

NEWS AND MISCELLANY.

Reports of the Yellow Fever for Week Ended November 15th.

NEW ORLEANS, LA.—For the week ended November 15th there were 11 deaths from yellow fever. Impossible to procure accurate number of new cases. No new cases or deaths for the past 24 hours.

CLINTON, LA.—The first case of yellow fever occurred September 7th. Among the white population there have been 40 cases and 15 deaths; among the colored people 56 cases and no deaths.

MORGAN CITY, LA.—12 new cases of yellow fever and 1 death during the last week.

DELPHI, LA.—The first case of yellow fever occurred in August. Total cases to date, 100; deaths, 50. Both physicians died early.

MOBILE, ALA.—There were 21 new cases of yellow fever during the past week and 8 deaths.

VICKSBURG, MISS.—There were 4 new cases of yellow fever and 3 deaths during the past week. For the same period there were 8 cases and two deaths in the surrounding country.

PASS CHRISTIAN, MISS.—Three new cases of yellow fever during the last week; no deaths. The last case occurred on the 10th, and the last death the 3d instant.

CHATTANOOGA, TENN.—Two new cases of yellow fever and 2 deaths during the past week. Last case and last death occurred on the 10th instant, both colored.

OSYKA, MISS.—The first case of yellow fever occurred July 30th. Total number of cases to date 227; total deaths 30.

Moscow, Miss.—Population 185. First case of yellow fever August 31st; last case November 3d. Total cases 71; deaths 35.

McComb, Miss.—First case of yellow fever Sept. 28th. Total deaths to date 21.

Lake, Miss.—To Nov. 1st, there had been 300 cases of yellow fever and 86 deaths.

Canton, Miss.—Total cases of yellow fever to Nov. 1st, 919, deaths 176.

Port Gibson, Miss.—To Nov. 5th, there were 655 cases of yellow fever and 116 deaths.

Havana, Cuba.—16 deaths from yellow fever and none from small-pox, for the week ended Nov. 9th.

National Yellow-Fever Relief Commission.

The following circular, with an accompanying form, has been distributed by this body.

Washington, D. C., November 1st, 1878.

To Yellow-Fever Relief Associations, Committees, Etc.:

At a Meeting of the Executive Committee of the National Yellow-Fever Relief Commission, held on October 30th, 1878, the following resolutions were adopted, and directed to be forwarded to the various Relief Associations throughout the United States:—

"In prosecuting the duties which have required the attention of this Commission, we have witnessed with profound emotion the widespread evidences of a noble, tender, practical, humane sympathy. At the cry of the stricken and dying, not only have words of kindness been spoken, but deeds have been done and sacrifices have been made, which have embalmed the beneficence in the memory of the age. From all sections of the country, the treasures of the people have been willingly and promptly offered, and many, as voluntary victims on the altar of humanity, have fallen before the face of death while giving their personal ministrations for the relief of the suffering. The influence of such noble charity and moral heroism should not be allowed to pass away, leaving no deeper impression than can be made by the daily newspaper record. We deem it to be of untold advantage, not only in demonstrating our common humanity, but in binding more firmly in loving brotherhood the people of our great community of States, that the history of this grand sympathetic movement of the hearts of the people be made a part of the history of the nation, and that the permanent record be scattered widecast over the land. With the view, therefore, of making a full report to Congress at the beginning of its coming session, and of asking that the same be printed in book form for public distribution, it is—

"*Resolved*, That all relief committees and other organizations which have contributed in aid of the yellow-fever sufferers of the South during the present epidemic, be requested to communicate to this Commission the gross amount they have collected, and in what manner they have disposed of their funds, together with such other information as will give a history of their benevolent work.

"*Resolved*, That a committee of three, of which Surgeon-General Woodworth, of the Marine Hospital service, shall be chairman, be designated by the chair to prepare and edit this report, and that they be empowered to employ such clerical assistance as may be deemed necessary."

Wheeling and Ohio Medical Society.

On October 4th the Wheeling and Ohio County Medical Society met and elected the following officers for the ensuing year. President, Dr. John Frissell; Vice President, Dr. S. Sepson; Secretary, Dr. B. Ward; Treasurer, Dr. J. C. Hupp; Board of Censors, Drs. Botes, Sr., Hazlett and Hildreth.

Medical Students in Germany.

This winter shows an increased number of medical students at the German Universities. Vienna leads off, with 658; Würzburg comes next, with 475; then follow Munich, with 456; Dorpat, with 387; Berlin, with 346; Leipzig, with 335; Zurich, with 189; and the remainder of the twenty-six universities in which instruction is given in Germany with classes ranging from 40 to 150.

Personal.

—Dr. C. C. Parry, of Davenport, Ia., has deposited in the Academy of Sciences, at that city, his large botanical collection of thirty thousand specimens, the labors of thirty-six years.

—Dr. W. N. Hammond has brought suit for libel against Dr. John P. Gray, editor of the American *Journal of Insanity*, for printing an article by Dr. E. Grissom, alleged to reflect on Dr. H's character. This action of Dr. Hammond's cannot meet the approval of the profession. Dr. Grissom's article was read at the meeting of Superintendents in Washington. In accordance with uniform custom there were accepted for publication in the *Journal of Insanity* the official proceedings of this "American Association of Medical Superintendents of the Insane," and this address and the debate upon it were parts of that report. Such a document could hardly be refused, and any injury which Dr. Hammond has sustained must date back to the Association. The position of Dr. Gray is different from that of editors in general. The *Journal of Insanity* is the property of the State, and his connection with it is solely as the servant of the State.

—The death of Mr. John Hilton, of London, which took place in September last, will be learned with regret by many readers of his works in this country. He was in his seventy-fourth year.

Items.

Correction.—In Dr. Hooper's letter, page 412, for *lupoid* read lepoid.

—According to Prof. Trélat, the deaths in the Paris hospitals, from phthisis in its various forms, count up the appalling number of 25 per cent. of the total deaths from disease.

—At the Hygiene Congress of Paris it was stated, during the discussion on the influence of tobacco on health, that Dr. Strohen, eighty-six years of age, the father of eleven children, and in the enjoyment of perfect health, has, for sixty-five years, smoked fifteen cigars daily.—*Gaz. Hebd.*, October 4.

—Notwithstanding the numerous high posts which the late Baron Rokitanski held, the emoluments he derived from them were very moderate, and he died almost a poor man for one in his distinguished position. In consideration of his services to science and the State, the Government, besides a continuance of his pension to his widow, has conferred upon her a "special donation."

Anti-Vaccination in Canada.

Opposition to vaccination in Montreal has of late happily subsided, and there is little likelihood of another outbreak such as the ignorance of this great preventive measure caused, not many months since, in Canada. Not only have the Roman Catholic clergy lent their wide and potent influence, by publicly commending the efforts of the Board of Health to stay the ravages of small-pox by means of vaccination, etc., but the same people who, a year ago, would not allow a physician or health officer to cross their thresholds, are now seen to submit with comparatively ready acquiescence to their children being vaccinated. The reports presented at the meetings of the Board of Health satisfactorily show that there are but very few whom the health officers are unable to persuade to consent to the safest and most approved treatment which they employ. The wonder is that the irresistible influence of the clergy was not brought to bear on this matter long ago.

QUERIES AND REPLIES.

Dr. "*A. H. B.*" will find a useful prescription in the following:—

R. Kerosene oil,	fluid ounce j	
Lime water,	fluid drachms vj	
Comp. spts. lavender,	fluid drachms ij.	M.

SIG.—Give a teaspoonful three times daily until the odor of the kerosene is noticed in the urine. Then omit three or four days.

It has proved quite satisfactory in my hands in treating chronic muscular rheumatism, especially. The only use of the water and lavender being to disguise the oil.

La Fayette, Ala. M. J. ELEY.

OBITUARY.

DR. LOUIS E. GILLIARD,

Of Philadelphia, died of scarlet fever (contracted from a patient,) Nov. 3d, aged 24 years. He was a graduate of the Philadelphia High School, and of the Medical Department of the University of Pennsylvania, 1876, and from the Philosophical Department the same year. He held the position of Librarian to the Medical Department. The following resolutions were passed by the Alumni.

"At a special meeting of the Alumni Association of the Auxiliary Department of Medicine of the University of Pennsylvania, held Saturday, November 9th, the following resolutions were adopted:—

"WHEREAS, it has pleased God, in His divine providence to remove from us our esteemed fellow-member and friend, Louis E. Gilliard, A. M., M. D., Ph.D., in the midst of his usefulness, and on the threshold of his rapidly opening professional career, under circumstances redounding to his honor as a friend of humanity and a devotee of science; and,

"*Whereas*, We have, during his years of association with us, viewed with pleasure his earnest efforts and faithful zeal for the advancement of medical knowledge, combining, as he did, able scientific attainments with rare social qualities and genial, generous disposition, Therefore be it

"*Resolved*, That we tender to the family of our deceased friend our sincere sympathies in this their sad hour of bereavement, and that we cause a copy of these resolutions to be transmitted to them, and also that this be published in the *Public Ledger*, *The Philadelphia Medical Times*, and the MEDICAL AND SURGICAL REPORTER.

DE FORREST WILLARD, M. D.,
ROLAND G. CURTIN, M. D.,
GEORGE Y. MCCRACKEN, M. D.,
} Committee.

MARRIAGES.

CATLIN—PRIESTLEY.—On Thursday, October 31st, 1878, at Northumberland, Pa., by the Rev. Stephen H. Camp, of Brooklyn, N. Y., the Rev. Hasket D. Catlin, of New York City, and Miss Hannah T. Priestley, eldest daughter of Dr. Joseph Priestley, of Northumberland, Pa.

CRISWELL—HUGETT.—In Milan, Ill., October 31st, by Rev. M. Noerr, Matthew Criswell, M.D., of Hamlet, and Annie C. Hugett, of Milan.

HALL—POTTS.—Thursday evening, October 10th, at 7½ o'clock, by the Rev. C. H. Daniels, at the house of the bride's father, Dr. O. G. Potts, No. 364 West Seventh street, Joseph L. Hall, Jr., of New York city, and Carrie Lee Potts.

MILLER—COOPER.—In this city, October 31st, by the Rev. George H. Houghton, Rector of the Church of the Transfiguration, Dr. Thomas S. P. Miller and Miss Amanda Cooper.

DEATHS.

BURCHARD.—In Cochranton, Pa., November 1st, of typhoid fever, H. M. Burchard, M.D., in the thirty-ninth year of his age.

HASSLER.—In Philadelphia, on the 9th instant, Annie Kate, wife of Ferdinand A. Hassler, M.D., and daughter of Eli S. Burnett.

HOFFMAN.—Suddenly, on the 5th instant, at his residence in St. Louis, Mo., Dr. H. L. Hoffman, in the eighty-second year of his age.

LANSING.—At his residence, No. 104 East Twenty-second street, Wednesday morning, November 6th, 1878, G. C. Lansing, M.D.

LOTT.—Rev. Henry Ray Lott, M.D., at New Brunswick, N. J., on Wednesday, November 13th, 1878.

MORRIS.—At Binghamton, on the 10th instant, at 8 o'clock, Moreau Morris, Jr., aged twenty years and nine months, only son of Dr. Moreau Morris, Superintendent of the New York State Inebriate Asylum, and formerly of New York city.

MUNNS.—On the 13th instant, Eliza, A., wife of Dr. Cuthbert L. Munns, of Philadelphia.

TAMAR INDIEN,

A laxative, refreshing, and medicated Fruit Lozenge, agreeable to take, and never causing irritation. Its physiological action assures the immediate relief and effectual cure of

CONSTIPATION, CEREBRAL CONGESTION, HEADACHE, INDIGESTION, BILE, HEMORRHOIDS, etc., etc., by augmenting the peristaltic movement of the intestines, without producing undue secretion of the liquids. Unlike pills and the usual purgatives, it does not predispose to intestinal sluggishness, and the same dose always produces the same effect, that is to say, never needs increasing. These properties render "Tamar" invaluable to the weak and debilitated, and especially to ladies previous and subsequent to their accouchement. It is recommended by the most eminent Physicians of Paris; notably Drs. BELIN and TARDIEU, who prescribe it constantly for the above complaints, and with most marked success.

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4th, It meets indications not met by that Salt.

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C. GILBERT WHEELER,
Professor of Chemistry."

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S. P. SHARPLES, *State Assayer of Mass.*"

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"WELLFLEET, MASS., Nov. 17, 1876.
"I have used CINCHO-QUININE, and can say without any hesitation it has proved superior to the sulphate of quinine. J. G. JOHNSON, M.D."

"MARTINSBURG, MO., Aug. 15, 1876.
"I use the CINCHO-QUININE altogether among children, preferring it to the sulphate.
DR. E. R. DOUGLASS."

"LIVERPOOL, PENN., June 1, 1876.
"I have used CINCHO-QUININE, obtaining better results than from the sulphate in those cases in which quinine is indicated.
DR. I. C. BARLOTT."

"RENFROW'S STATION, TENN., July 4, 1876.
"I am well pleased with the CINCHO-QUININE, and think it is a better preparation than the sulphate. W. H. HALBERT."

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Member Va. State Board of Health, and Sec'y and Treas. Medical Society of Va."

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"F. A. GAMAGE, M.D."

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CONTENTS:

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

MYERS, WORTHINGTON.—Dipsomania..... 461
Ross, W. S.—Why Acetate of Lead should not be Used as a Collyrium..... 464
A Perfumed Solution of Iodoform..... 465

HOSPITAL REPORTS.

Hospital of the University of Pennsylvania.—Service of Prof. Louis A. Duhring.—Tinea Favosa..... 465
Maculo-papular Eruption Due to Bromide of Potassium..... 466
Four Cases of Epithelioma..... 467
Medical Department of Bellevue Hospital, N. Y.—Medical Clinic of Prof. Austin Flint.—Pleurisy, with Effusion..... 467

MEDICAL SOCIETIES.

Proceedings of the Medical and Surgical Society of Baltimore—Yellow Fever..... 468
Suggestion for the Prevention of Scriveners' Palsy..... 471

EDITORIAL DEPARTMENT.

PERISCOPE.

The Combination of the Cinchona Alkaloids with Opium..... 472
Venesection as an Anti-Hemorrhagic..... 472
On Supernumerary Breasts..... 472
Therapeutic Uses of Sulphate of Copper..... 472
The Determination of the Cardiac Triangle..... 473

REVIEWS AND BOOK NOTICES.

Notes on Current Medical Literature..... 473

BOOK NOTICES.

Traité de Thérapeutique appliqué basé sur les Indications (Fonssagrives)..... 474
Cyclopædia of the Practice of Medicine (Von Ziemssen)..... 474

EDITORIAL.

The Frequency of Unrecognized Hepatic Abscess. 475

NOTES AND COMMENTS.

Recent Notes on Salicylic Acid..... 476
Treatment of Enlarged Glands in Scarlet Fever.. 476
Velocity of Nervous Transmission..... 477
The Position of a Medical Expert..... 477
Varieties of Medical Specialism..... 477
The Syrian Cure for Hydrophobia..... 477
The Frequency of Uterine Displacements..... 477
Mosquito Bites..... 478
Batiator Root..... 478

CORRESPONDENCE.

The Sense of Voluntary Power (Hurd)..... 478
The Decimal System (Merrick)..... 479
Tolerance of Hydrate of Chloral (Dixon)..... 480
Yellow Fever—Is it Personally Contagious or Not? (Nowlin)..... 480
Imbedding of a Piece of Tooth in the Tongue, in a Case of Gunshot Wound (Packard)..... 481

NEWS AND MISCELLANY.

A Permanent Scientific and Medical Commission..... 481
The American Public Health Association..... 482
Plant Forms in Art..... 482
Items..... 482
Personal..... 482

MARRIAGES AND DEATHS..... 482

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Week Ending November 23, 1878.

N. B.—All checks and P. O. orders must be drawn payable to the order of D. G. BRINTON, M.D.

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THE

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Communications.

DIPSOMANIA.

BY WORTHINGTON MYERS, A.M., M.D.,
Of New York.

There is no form of nervous exhaustion more severe in its character than that which is induced by the abuse of stimulants. A sudden and violent fit of drinking, of course, shakes the nervous system very much, and, if frequently repeated, reduces the nervous power materially; but, bad as these effects are, they are slight compared with the profoundly exhausted state of both the cerebro-spinal and sympathetic systems which the continuous use of stimulants in excessive quantities produces.

The effects of chronic alcoholic poisoning are felt not only in the nervous centres, but in most of the important organs of the body, and over the whole mucous tract of the alimentary canal, from the commencement, at the lip, to its termination, in the lower bowel.

The derangements of the digestive organs, of the liver, kidneys, bladder, etc., which usually accompany persistent dram-drinking, vary much in degree, being, in a great measure, dependent on the particular form of stimulant most frequently indulged in; but the exhaustion of the nervous system is not so variably manifested, being pretty much the same whether the excess is committed with one stimulant or another.

Secret dram-drinking, especially in delicate, nervous women, gives rise to many anomalous nervous symptoms, very difficult to diagnose correctly, as the secrecy of the vice itself engenders silence or willful misleading on the part of the patient, in justice to whom it may be said, that, as a rule, she is herself ignorant of the close relation existing between her peculiarly nervous and distressing state and the habit she indulges in.

In common fairness to many amiable and refined women of highly nervous temperaments, victims of neuralgia, hysteria, and the like, it must be remarked, that the habit of prescribing brandy, sal volatile, sulphuric and chloric ether, red spirits of lavender, and other diffusible stimulants, to be used at their friends' or their own discretion, when in suffering, has a most potent effect in inducing the evil habit of overstimulation, and many a woman who would feel outraged at being called a dram-drinker, is, through this practice, slowly and imperceptibly becoming one, without her own cognizance.

The custom which prevails among business men in this and other large cities, of the head of the family lunching in the neighborhood of his business, while his wife and children have the same meal apart from him, offers many inducements to the wife to contract the habit of overstimulation.

Not having the duty imposed on her of providing a regular meal, she is often tempted to have some slight refection, in which wine or beer soon comes to be a principal feature. Dyspeptic symptoms are thus produced, the appetite fails, small quantities of brandy or some other spirits are taken to relieve the unpleasant stomach symptoms; the remedy increases the disease, and is flown to more frequently, with still increasing mischief, and slowly and surely, but unwittingly, she drifts

into a confirmed dram drinker. If she is childless and more or less isolated, the temptations are greater, and the descent more rapid.

A small percentage only of wives so situated fall into this error; still the number is sufficiently great to be notable, and too much circumspection cannot be exercised by young married people in guarding themselves against those errors of diet which, in women, are most commonly the original cause of intemperate habits.

The mercantile life itself produces drunkards in no small degree among highly valuable and highly placed members of its body. Taking what may be termed the upper middle class of the commercial world, certain businesses are more prone to produce dram-drinkers than others. Of these the most usual are the ones in which the principal transactions are conducted out of doors, instead of in the counting-house or warehouse. Most important and highly valuable classes of men are engaged, during the whole of their business day, in buying or selling their commodities among their associates, in all manner of places, wherever and however they can find them, and in visiting and taking charge of their country customers at the hotels they frequent on their arrival in town.

I have had professional experience of many a hopeless drunkard, utterly ruined, who has complained bitterly of the necessities of his calling, which entailed on him the duty of waiting on and "showing attention" to the country customers of his firm. These customers, coming to town once or twice a year, for a few days, look upon their visits as holidays, in which excesses may be indulged in with safety, while to the New Yorker the events are of every-day occurrence, and the excesses of to-day with one person, or group of persons, must be repeated to-morrow with fresh ones. This, and the habit of completing large transactions "with a drink," have furnished very many most painful cases of incurable alcoholism.

The persistent use of stimulants in excess after a time presents the following characteristics:—Loss of sleep, which is not relieved by opiates; disinclination for bodily exertion, with considerable restlessness of mind; a tendency to take offence at trifles; irritability of temper; loss of appetite; foulness of breath; watery and bloodshot eyes; congested mucous lining of mouth and fauces, with tumid and relaxed uvula; haggard countenance; uncertain and often shambling gait; tremblings in the limbs, especially in the hands; tendency to spectral illusions; extreme sensitiveness to cold, with extremely hot skin; irritable stomach, with severe fits of vomiting, especially in the morning, etc. In addition to these, pains are felt in the limbs, especially around the joints. All these symptoms may culminate in delirium tremens, or, particularly in women, that condition may not appear.

If consulted by a person thus affected for any ailment, he generally denies that he exceeds, and if asked to state the amount of stimulants taken daily, will purposely mislead, even in the presence of persons whom he knows can contradict him. If questioned much, he is shifty in his answers, will not look you steadily in the face, and is full of plausible theories to account for his symptoms, which theories he often alters for others.

The state of the nervous system in chronic alcoholic poisoning is one of great molecular derangement. This is due not only to the immense amount of hydrocarbon carried by the blood to the remotest tissues where a nerve filament exists, but to a direct condition of innutrition. From both causes combined, the true nerve currents are erratic, deficient, or wanting, as the disease progresses. Structural changes also begin to take place, and unless the mischief be averted by prompt and judicious treatment, the constitution is utterly ruined, and the case passes out of the bounds of curative medicine, to be dependent, at the best, on palliatives only. Alcohol rapidly destroys the nervous currents when applied directly to a healthy nerve. How much more must it affect the currents in nerves rendered previously unhealthy by a long continued course of alcoholic saturation!

In treating cases of chronic alcoholism, a line must be drawn between the condition as it exists in the comparatively young, and as it may be in the elderly individual. In the former, stimulants must be interdicted *at once;* in the latter, owing to the structural changes which must be taking place, and especially to the condition of the circulation, as evidenced by a rigid state of the arteries. Stimulants must still be allowed, although in greatly diminished quantities.

In all cases, nourishment of the most supporting description, but not beyond the powers of the patient's digestion, must be freely given. A

tepid bath every alternate night, at bedtime, will often give the patient a good night; where it fails to do so, and there is much cerebral excitement, full doses of bromide of potassium will have the desired effect, not only in inducing comfortable sleep, but in allaying the excitable condition of the head. Where sleeplessness exists without cerebral excitement, opium and morphia should be avoided, and hydrate of chloral given instead.

The galvanic bath has been recommended as a useful adjunct to treatment in these cases, but I have not had sufficient experience of its effects to give an opinion on the subject.

No internal remedy exercises so powerful and beneficial an influence over the broken and exhausted condition of the victim of alcoholism as quinine; unless there are special indications present which preclude its employment for a time, it should be given persistently until all the bad symptoms have subsided and the morbid craving has been entirely overcome. In many instances the effects of its judicious employment are immediate and most remarkable.

Where practicable the galvanic current should be applied to the whole course of the spinal nerve roots for five minutes, on alternate days, and on the intermediate days a mild current for three minutes, from the cervical sympathetic to the pit of the stomach (as directly over the solar plexus as possible). If this course be pursued steadily for some time, conjointly with the other treatment laid down, complete restoration may be relied on. It will then depend on moral influences whether or not a relapse may occur at a future time. Mild cases of chronic alcoholism have been treated successfully by galvanism alone; but it requires a treatment based on the combined principles just enumerated to produce a decided and permanent influence on the severer cases of a disease which acts so banefully on so many important organs.

Out of a number of persons who have come under my care for the effects of inebriety, I select the two following, as they are good representative cases.

W. H. P., aged thirty-nine years, engaged in a large dry goods house in this city, had gradually fallen into intemperate habits, and at last suffered from loss of appetite, sleeplessness, nervousness, great mental depression, and the other usual symptoms of chronic inebriation. A peculiar gnawing pain at the pit of the stomach caused him great distress. The sensation, he said, was indescribable and intolerable, and could only be relieved by brandy, but returned as badly as ever when the effect of the stimulant wore off. He had never had delirium tremens, but was haunted by gloomy thoughts, and during his sleepless nights suffered so much from mental anguish that his existence was a burden to him. He had no suicidal tendencies, but often wished himself dead.

On the thirteenth of March, 1876, I placed him under galvanic treatment. As he had no appetite, and his stomach was too irritable to bear quinine, I applied a small blister to the pit of the stomach and ordered him strong soups and broths. After a few days he was able to take moderate doses of quinine and some solid food. *All stimulants were strictly prohibited.* This was a most severe trial to the patient; but, aided by cheerful and kindly society, he struggled against the morbid craving, and after less than a fortnight's distress overcame the violent desire. His mental depression, nervousness, and want of purpose, gave place to a hopeful, cheerful and more decided turn of mind; his health became gradually better, his rest at night was not disturbed, as formerly, and with these changes nearly all his old sensations passed away, and his mind and memory were strengthened. After six weeks' electric treatment he was well enough to do without it, still, however, continuing the quinine and avoiding all stimulants.

A year later I had an opportunity of seeing him; he had not relapsed into his old habits, and, although somewhat excitable and nervous in his temperament, was otherwise in good health.

These cases are very favorable ones, as beyond the stomach symptoms, which quickly yielded to treatment, there was no evidence of organic mischief. In most cases of long-continued inebriation serious organic mischief is produced; this materially lessens the chances of complete recovery, but with careful and judicious management, and the moral influence of home and friends, much can be done to overcome the "dipsomania," the morbid craving for stimulants, which, after all, is the great difficulty which lies in the path of the intemperate individual who honestly wishes to reform. That some morbid action is going on in the brain of such cannot be doubted, and treatment, especially the galvanic, should be specially

devoted to that organ. In the cases above cited this was not necessary; the patients were comparatively young, and had a hearty desire to struggle against the temptation.

WHY ACETATE OF LEAD SHOULD NOT BE USED AS A COLLYRIUM.

BY W. S. ROSS, M.D.,
Of Evansville, Ind.

The great danger of the use of lead in the eye is that a deposit often takes place on the cornea, especially if the cornea is in the least abraded, from whatever cause. Ulceration of the cornea is a very common occurrence, especially where there is high inflammation in the conjunctiva and sclerotic. If the acetate of lead is used, in solution, in an ulcerated condition, it does not matter of what strength, there will be a deposit of albuminate of lead the entire extent of the cornea denuded.

Dr. S. Ringer says, "In ulceration and sloughing of the cornea, lead washes must be avoided, lest a white compound become deposited in the structures of the ulcer, leaving a permanent opacity."

T. W. Jones says, "From acetate of lead application, an opaque white deposit takes place on the conjunctiva. This bad effect, different from the effect arising from the abuse of nitrate of silver, may result from a single application. The deposit is extremely apt to fix itself on ulcers of the cornea. It attacks every abrasion on the slightest denuded surface. Hence, when such exist, acetate of lead collyria are especially contraindicated.

Sometimes the whole surface of an ulcer of the cornea is found covered with a matter resembling (to use the comparison of Mr. Wardrop) wet chalk. This appearance is attributed, by Dr. Jacob, to a precipitate from the acetate of lead solution, so frequently employed as an eye wash. Beer had frequently remarked that the use of lead lotions rendered the cornea opaque. Any part of the conjunctiva, whether abraded or not, may be the seat of the deposit, but attention is most usually drawn to it when on the cornea. The white deposit is apt to become fixed in the cicatrice, which is then dense and indelible.

Dr. Jacob says that the opacity appears to be produced at once, by a single application. He has seen it the day after a drop of solution of acetate of lead had been put into the eye by mistake. A white deposit does not take place in all cases in which the acetate is used, but Dr. Jacob says that he does not think he can state positively the precise condition of the ulcer which causes it.

Dr. Mackenzie recommends a cautious attempt to be made to remove the white deposit from the surface of the ulcer; and he tells us that in one case he succeeded in separating a scale of lead which had been deposited on the cornea. I have seen the scale become detached spontaneously as the ulcer healed.

Dr. Lawrence says: "I have found cases of corneal ulceration peculiarly obstinate and intractable when the surface of the ulcer has presented, generally or partially, an opaque white color, as if it had been covered by wetted chalk, the attendant ophthalmia not being considerable. Sometimes such ulcers have continued for weeks or months, in spite of every treatment. I do not know what the peculiarity depends on, but Dr. Jacob ascribes it to the application of the acetate of lead, which he says is decomposed, and a white precipitate is deposited in the ulcer, to which it adheres tenaciously, and indelibly imbedded in the structure of the cornea."

Dr. Mackenzie says: "When we meet with an ulcer which has been touched with acetate of lead in solution, a remedy often recommended by ignorant people for inflamed eyes, we ought, with the small silver spatula, to endeavor to remove the white deposit adhering to the surface of the ulcer, lest it become indelibly incorporated with the cicatrice, forming a peculiar chalk-like speck, which may never afterward be capable of being removed, either by absorption or operation. This attempt, however, must be made with great caution, lest we cause a large opacity of a different character."

There is no means of removing the deposit of lead except to spud it off, and there is great danger in that operation, especially if the patient is advanced in years, for the reason that the opacity produced by the operation does not become absorbed, as it would be in a young subject. The restorative process in the cornea of the aged is very sluggish.

I will report a case that came under my observation:—

Mr. A., seventy-six years of age, was attacked with inflammation of the eyes during the fall of 1876, and was directed by a physician

"to get some sugar of lead, and make a solution, and bathe the eyes frequently with it." There was at that time an ulcer on the cornea of each eye, the size of the pupil, and immediately over it. The solution of lead having been applied the deposit of lead took place, and the old gentlemen discovered that the light was completely shut out, and he was in "utter darkness." He came to the city and placed himself under the treatment of Dr. Compton and myself. At that time there was considerable inflammation in the conjunctiva and sclerotic.

The cornea over each pupil, the entire extent of the ulcer, had that peculiar "wet chalk" appearance. By appropriate treatment we, in a short time, subdued the inflammation, and rendered the patient comparatively comfortable, but he was almost blind, from the deposit of albuminate of lead.

We endeavored to remove the deposit of lead by spudding it off, but it was so firmly fixed that we were apprehensive that if too much force be used inflammation would set in and destroy vision. Taking his age into consideration, we thought it best to "let well enough alone." By the use of a solution of atropia, two grains to the ounce of water, and applied to the eyes twice per day, we dilated the pupils sufficiently for the patient to see to get about without assistance. He was also supplied by J. Rillinberg, optician, of this city, with a pair of smoked glasses, No. 42, convex, which were of great benefit to him.

In consideration, therefore, of the opinion of eminent authorities on diseases of the eye, above quoted, and my own experience as to the deleterious effects of the acetate of lead as an eye wash, I would advise that the use of acetate of lead be forever laid aside as a remedy in diseases of the eye.

A Perfumed Solution of Iodoform.

The objection to the use of iodoform, on account of its unpleasant odor, has led an English druggist to prepare a perfumed solution. This is prepared by shaking tincture of iodine with a fragment of fused potash until the color is removed, and covering the odor of the iodoform produced by the addition of eau de cologne or lavender water. The author speaks of lint that has been dipped in this liquid, and afterward dried, as being a very good application to indolent sores.

Hospital Reports.

HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

SERVICE OF PROF. LOUIS A. DUHRING, M.D.

REPORTED BY DR. ARTHUR VAN HARLINGEN.

Tinea Favosa.

The patient, a little girl, ten years of age, had been under treatment for some months for squamous eczema of the scalp, from which she had almost entirely recovered, but had not visited the clinic for several weeks. When she made her appearance on September 5th, she presented a marked eruption of characteristic favus cups. She was placed under observation, but without treatment, until September 13th, when she was brought before the class. By this time the affection had made decided progress, the whole head being involved, the disease running down almost to the borders of the scalp, and only a few small islands of healthy skin remaining. It consisted of a mass of dingy, sulphur or canary-yellow-colored, dry, pulverulent matter, covering the entire scalp and easily brushed off, or somewhat more adherent in masses of a yellow, chalky consistence, which, when detached, left a shallow, moist, reddish depression or pit in the skin. Here and there, about the border, distinct lemon or canary-colored cups could be seen, each one pierced by one or more hairs which formed its centre. The patient complained of some itching and irritation of the scalp; she was rather pale and meagre.

Dr. Duhring said the affection was a very rare one at this clinic, but one which was well known, and which was so troublesome that a portion of the hour might be well spent in studying it. The yellowish masses observed through the scalp were entirely composed of a microscopic vegetable growth; they were not the result of inflammatory exudation. The original shape of the masses was roundish, hollowed out like a bowl or cup; they were pinhead to pea sized. The disease in the present case had only been a short time existent, and was as yet superficial; when the affection had lasted some time, the roots of the hairs became seriously involved and loosened from their follicles; here the hairs appeared to be still intact. Usually the disease made slow progress, but here it seemed to have involved almost the whole surface of the scalp in the course of a few weeks. Favus, Dr. Duhring continued, was usually highly contagious; ordinarily several members of a given family were attacked one after another. He had seen, in London, some years ago, as many as thirteen individuals thus seized in one household. In the present instance, however, it would appear that no one else in the family was as yet affected. Favus was due to a parasitic fungus, the *achorion schönleinii*, and when this once obtained a firm seat in the skin, it might persist for years, producing

atrophy of the scalp and baldness. The odor of the eruption was pungent and characteristic; it might be compared to that of mice, to which he would liken it; also to stale urine or mouldy straw. The so-called crusts were friable, like soft mortar. If lifted up they showed the little, superficial, moist depressions or pits, to which attention has been called, and which the growth had made for itself. With regard to the diagnosis, favus might be mistaken for pustular eczema, but for nothing else.

The treatment of favus presented peculiar difficulties, for when the fungus had penetrated the hair follicles it was exceedingly hard to get at; it was also very persistent, frequent and stubborn relapses being not uncommon. In the present case the hair should first be cut off close to the surface, then this should be soaked in oil until the masses of fungus had become softened and easily loosened from the scalp. The latter should then be thoroughly cleansed with a plentiful amount of soap suds and hot water, and dried. It was now ready for the application of the parasiticide. This should, in this instance, be the following—

℞. Sodii hyposulphitis, ℥j
Aquæ, ℥viij. M.

The lotion was to be poured into a saucer and then applied by means of a cloth. Certain precautions should be taken to prevent the spread of the disease. The patient should use her own brush, comb, etc., and should constantly wear a closely fitting cap, in order to prevent the light, powdery masses of fungus becoming distributed through the atmosphere. For the present, depilation would not be ordered.

Maculo-papular Eruption Due to Bromide of Potassium.

The patient, a young unmarried women, had been under treatment in the hospital on account of epilepsy, for which she had been taking the bromide of potassium in moderate doses almost continuously during the past three years. About ten days or two weeks previously to her admission, she was, for some reason, ordered a *smaller* dose than she had been accustomed to take. At that time she had no marked eruption upon her skin, although her face was always irritable, and small acneform pustules could usually be seen there as well as on the chest. Five days before her admission she went to bed, feeling as well as usual; but when she awoke the following morning, she perceived an erythematous condition of the skin, with an eruption in the form of macules, flat papules and pustules, occupying the face, hands and neck. During the succeeding three days this increased in intensity, until at the end of that time it had extended over the entire surface of the body and limbs. Over the trunk and extremities the eruption assumed the form of papules and papulo-pustules. No bromide was taken after this time. When the patient presented herself at the clinic she showed the following appearances. The whole surface, including the scalp, face, neck, trunk and extremities, was covered with a profuse erythematous, papular, and pustular eruption, which was most pronounced over the face, neck, chest and back. Her face had a congested, violaceous hue; it felt hot and flushed easily. From the line of the scalp to the neck the lesions were mostly confluent macules and papules, the size of large split peas. They were rounded or irregularly rounded, indistinctly defined, and of a dull yellowish, somewhat violaceous red color, identical with that of the maculo-papular syphiloderm attacking this region. The whole face was profusely invaded, many of the lesions running into one another, and giving the surface an uneven, rough feel. They were for the most part papular, but were only slightly raised above the level of the surrounding skin; were quite flat, and upon close inspection were noted to possess enlarged sebaceous gland ducts, which could be seen to contain very minute plugs of sebaceous matter. The openings of the sebaceous glands were slightly patulous over the whole face. Some of the more advanced papules were covered with a thin, adherent, sebaceous crust, of a pale-yellowish color, especially noticeable about the centre of the cheeks and chin. Here and there over the face, notably about the cheeks and nose, there were a number of pin-point and pin-head sized, slightly elevated pustules; they were for the most part very minute. Throughout the scalp were scattered split-pea sized, flat, sebaceous crusts, which were especially numerous about its anterior border. Over the neck the eruption was very diffuse, in the form of indistinctly defined, irregularly shaped, split-pea and finger nail sized, broken macules, of a vivid pink color. The eruption was very plentiful over the chest, back and abdomen. In addition there were small, mostly split-pea sized, rounded and irregularly shaped maculo-papules and papules; there were, moreover, numerous pin-point and pin-head sized, accuminated, more or less inflamed pustules. The color of the efflorescence over the trunk was paler than that about the face, and possessed a yellowish tawny hue. The extremities showed numerous scattered macules and papules, identical with those on the face and neck. A burning sensation was experienced over the face, chest and back. There was no itching. The patient's appetite had failed during the few weeks just previous; her bowels were regular.

Dr. Duhring remarked that the case was one of unusual interest. First, because of the history. Secondly, on account of the variety of the lesions, the bromide of potassium eruption being generally distinctly pustular in character. Thirdly, for the reason that the diagnosis was by no means easy, the disease resembling very closely, in appearance and distribution, the maculo-papular syphiloderm, for which it might readily be mistaken. He added that the expectant treatment would be pursued in this case. The patient would be directed to put nothing on the skin and to take no medicine.

[The woman returned, and was shown to the class two weeks later. At this time the eruption had entirely disappeared, leaving only a flushed condition of the skin, which also was rapidly fading away.]

Four Cases of Epithelioma.

The first case, which belonged to the flat or superficial variety, was of comparatively recent date. It occurred in a woman under 40 years of age, and involved the bridge of the nose, presenting a reddish, nodulated tumor, the size of the finger nail, and slightly raised above the surface of the skin, from which it rose abruptly with a smooth, elevated, pearly border. It was covered with a thin crust or scale. The history of the affection showed it to be of several months' duration, having first been noticed as a small pea-sized nodule in the skin, without sensation of any kind, but which grew gradually until it had reached its present size. Recently the patient had experienced a slight pricking or itching feeling in the tumor, and as it had grown constantly, although slowly, from its first appearance, she had become apprehensive and had sought advice.

Dr. Duhring drew the attention of the class to the age of the patient. Epithelioma, as a rule, was found on older persons. The affection belonged to the flat or superficial variety of epithelioma, and the treatment appropriate to the case was cauterization by means of caustic potassa. The knife was not called for in this instance. The solid stick of potassa fusa was then applied, going slowly over every portion of the diseased structure, and allowing the influence of the caustic to penetrate a little below and beyond the diseased tissue in every direction. It was not necessary, Dr. D. said, to use any pressure or force, but the caustic should be brought most carefully in contact with every particle of the growth, lest recurrence should take place, and a second operation be required. When the action of the caustic had gone far enough, it was limited and checked by the application of dilute acetic acid. The pain of the operation was quite sharp and severe, but ceased almost immediately upon the application of the acetic acid. The patient was directed to dress the part simply with lint soaked in olive oil; the dressing to be removed twice daily and the wound cleansed.

The second case was very similar in character and history to the first, the original disease having extended to about the same size, but being situated on the cheek, just at the side of the nose. It had been operated upon some days previously, and was brought before the class to show the appearance of the wound after operation. There was a slough about the size of a small coin separating, and the sore underneath was granulating at the edge. No hardness or nodulation could be felt about the edges of the ulcer. The patient stated that the day after the operation the part was somewhat swollen, red and "angry looking." Application of cold water compresses had subdued the inflammation, however, and Dr. Duhring pointed out the occurrence of healthy granulations and the evident commencing separation of the slough.

The third case, although also of the superficial, flat variety of epithelioma was in a more advanced stage. The patient, a woman of 70, had been operated upon at different times, but had neglected treatment, and the affection had recurred again and again. The point attacked was the nose, the entire cartilaginous portion of which had been destroyed. The borders both of the septum and the remains of the alae nasi were infiltrated, enlarged, and in one or two places suppurating slightly. The disease appeared to be extending up into the nares.

From the appearance of this case Dr. Duhring said it would be difficult to diagnosticate between epithelioma, syphiloderma and lupus. The history, however, would aid in deciding the question. A similar operation was performed in this as in the former instance, the caustic potasssa being freely applied to all the diseased parts.

The fourth case presented an appearance quite different from that of the three former; it was a case of recurrent epithelioma. The patient had been operated upon about a year ago, but the disease had returned in a peculiar form. The affection was seated upon the centre of the forehead, in the form of a smooth, well defined, slightly nodulated tumor, about two inches in diameter, rising abruptly from the surrounding skin to the height of half an inch, with a flattened surface, firm about the periphery, but somewhat fluctuating in the centre, and of a dusky purplish hue. It had attained its present size and appearance some time ago, but had only during the few weeks previous given rise to pain of a lancinating character, and quite severe. An exploratory incision into the centre of the tumor, made before the class, gave exit, at first, to a clear, somewhat viscid fluid, which was followed by a small quantity of pus. It was rare, Dr. Duhring said, to find such tumors breaking down and suppurating in this way. Caustics would not be available in a tumor like the present; the tumor should be removed by the knife.

[The patient was transferred to the surgical ward, under care of Prof. Ashhurst who operated a few days later.]

MEDICAL DEPARTMENT OF BELLEVUE HOSPITAL, NEW YORK.

MEDICAL CLINIC OF PROF. AUSTIN FLINT.

REPORTED BY WORTHINGTON MYERS, A.M., M.D.

Pleurisy, with Effusion.

Case 1.—Lemuel Owens, age thirty-three years, was admitted into the hospital two weeks ago, suffering from pain in right axillary and inter-scapular regions, with cough and chilly sensations. His father and mother both died of consumption, he being the only child.

Patient says he has never been a strong man, but always comparatively healthy, until about six weeks ago, when the above symptoms developed themselves, supervening upon a cold. He now raises a small amount of transparent mucus. He has evening exacerbations of temperature, followed by profuse perspiration. Exertion causes a slight dyspnœa, and coughing increases the pain in the axillary and inter-scapular regions. When first admitted he had slight diarrhœa, which was checked. His appetite is impaired, and he has great aversion to fatty articles of diet. He has never had any hemorrhage. Pulse strong, 84 per minute, and temperature averaging 99½. He has not been confined to bed since admission.

Physical Examination.—The patient is anæmic, somewhat emaciated, respiratory movements normal. Percussion reveals flatness on right side below the fifth rib, the flatness being limited by a horizontal line. Above this line we have dullness, as compared with the other side; over apex of lung, normal resonance; absence of vocal fremitus over the region of flatness, with a suppression of vocal resonance. Respiratory murmur is also absent over this region, while above it it is broncho-vesicular. Apex beat of the heart a little to the left of its normal situation. Liver and spleen normal.

Diagnosis.—From the patient's history, his symptoms, and signs obtained from physical examinations, we are justified in saying that he has subacute pleurisy, which has become chronic. The mild constitutional disturbance, the slightness of pain, and the long career of the disease, exclude the acute form. We cannot satisfy ourselves that the patient has phthisis, although the patient's parents both died of this disease. The physical evidence of tuberculous deposit has not been demonstrated. But while we do not think, from the symptoms, etc., that we are justified in saying he has phthisis, still in our prognosis his history should not be forgotten. Therefore, upon physical examination, we find signs so characteristic that we can without hesitancy pronounce it a case of pleurisy with effusion.

Prognosis.—From the fact of the patient presenting a history with predisposition to tuberculosis, and his general emaciated condition, a favorable prognosis can scarcely be given, although we can pronounce it more so than if the actual existence of tuberculous deposit had been fully established.

In this case we have a moderate pleuritic effusion; on the right side of the chest we have flatness extending from below upward. This flatness is bounded by a horizontal line, which represents liquid. If the situation of the liquid be vertical it will be indicated by this line, which we find it is, both anteriorly and posteriorly. Above the line we have resonance, below, flatness. If the lung be adherent to the walls of the chest the liquid will gravitate to the posterior part of the chest, the sound absolutely flat when patient leans over, then resonance. We have, therefore, absolute proof of the existence of liquid. The effect of liquid is to abolish or diminish respiratory murmur, also to abolish resonance. In such cases we have solidified lung, also broncophony. The effect of liquid is to increase this. This change takes place abruptly, just at the boundary line, where flatness and resonance exists. So with vocal fremitus, when you auscultate the voice. The effect of liquid is to diminish the fremitus, of solidified lung to increase it.

I take this occasion to point out what is meant by egophony; it is a modification of bronchopony. The voice has a bleating character, like the cry of the goat. The patient may have it; we look for it at the posterior part of the chest. The amount of liquid would lead us to suppose he has it; upon examination we find he has not; we get it as follows: Let the lung be adherent to the walls of the chest; above this line we have it, and below it condenses to produce bronchophony. In regard to phthisis: where pleurisy supervenes upon phthisis, then some symptoms predominate. First, the patient has a cough and expectorates, with a hereditary tendency. We look at the concomitant symptoms, at physical signs. If we find on the unaffected side a moist râle, and on the affected side, at the summit of the lung, then we look for it. This history of some cases gives no evidence of the existence of phthisis.

Treatment.—The indications seem to be to promote absorption of the liquid and to bind up the patient. The milder hydragogue cathartics, preferably the saline, with a combination of diuretics, will accomplish the former, and phosphorus, quinia and iron fulfill the indications of the latter. Small doses of cod-liver oil will be found serviceable. The application of sinapisms or belladonna plasters to the chest are indicated, for the relief of the pain. Quinia should be given, both as an antipyretic and as a tonic. Sulphuric acid should be given, with a view to relieve the night sweats. Alcoholic stimulants, in moderate quantities, should be given, with a sponge bath daily, of 65°. The patient should be well nourished, take out-door exercise, but undertake nothing which requires exertion.

Medical Societies.

PROCEEDINGS OF THE MEDICAL AND SURGICAL SOCIETY OF BALTIMORE, OCTOBER 10th, 1878.

Reported expressly for the Medical and Surgical Reporter, by G. L. Wilkins, M.D.

Yellow Fever.

Dr. J. S. Lynch. I will premise by stating that I do not assume special knowledge on the subject of yellow fever. It is true that I have had some experience with the disease, both in this city, during the visitation in 1876, and in some of the southern States, but in all instances my acquaintance has been with the disease in its sporadic form.

This subject is interesting now, not only from the wide-spread prevalence and fatality of yellow fever in the southern cities and towns, but also from the necessity of rendering more accurate the views that we may have of the disease.

As an evidence of the uncertainty of the views entertained on yellow fever, I will state that a reporter of one of the Baltimore papers recently interviewed a number of physicians, and published their opinions, and it was a surprising fact that most of them held opinions utterly at variance with the accepted views on this subject.

Yellow fever probably originated on the west coast of Africa; from thence it made its way to the West India Islands, and thence to this country. This view of its origin has been opposed, on the ground of the apparent non-susceptibility of the African race. We may account for their exemption by the fact that the recurrence of epidemics had in time reached most of the population; in this way an original attack secured immunity against subsequent ones. In after years this protective ceased, and it is a notable fact that in the present epidemic it has been quite fatal among negroes.

Yellow fever is unquestionably a miasmatic, infectious disease, but not contagious. The probabilities are that it is due to a living organism, and, indeed, the habits of the disease will admit of no other explanation. The poison, or germs of yellow fever enter the system, and produce the disease, but they are not capable of multiplying in the human organism, nor can they migrate from one person to another, as, for example, the germs of small-pox, hence, in this sense, yellow fever is not a contagious disease. Clinical experience furnishes abundant proof that yellow fever is not communicable directly from one person to another. Numerous experiments show that neither the inoculation of the black vomit nor swallowing of the vomited matter will produce the disease.

The identity of the yellow fever miasm with the malarial miasm, has been asserted by many authorities, but there are many grounds for rejecting this view. These objections, briefly stated, are: malarial fever chiefly affects country districts, and swampy regions, while yellow fever generally prevails in cities, and has shown itself in localities almost barren of vegetation, and unknown to intermittent fever, as Gibraltar, Island of Barbadoes, Stony Hill, Jamaica, Brimstone Hill in the Island of St. Kitts, and many other places. Yellow fever is capable of transportation; malarial is not portable. Yellow fever chiefly attacks the unacclimated, and one attack secures immunity to a certain extent, from a subsequent attack. This rule does not hold good with malarial fever. Yellow fever is not remittent in its character, and is not under the specific influence of quinia. Yellow fever does not originate *de novo* or *autochthonously*, although there are some facts that would seem to militate against this assertion. In April, 1792, the ship Hankey, in company with another vessel, left London, for the establishment of a colony on the island of Bulam, on the west coast of Africa, where she arrived just before the commencement of the rainy season. The Hankey remained at the island nine months; soon after her arrival yellow fever broke out among her passengers and crew, numbering more than 200 persons, and about three-fourths died. A new crew was made up from other ships, and the Hankey sailed for Grenada, West India Islands, reaching that port on the 19th of February, 1793. The shipping of that port was first infected, and the disease was finally communicated to the town. In 1799 the United States frigate General Green sailed from Newport for Havana; she had a stormy passage, became filled with bilge water, which, with the advent of warm weather, became very foul. Yellow fever appeared among the crew before she arrived in port, which was at the time free from disease. When she left Newport there was no sickness, neither was there a subsequent appearance of yellow fever there.

The disease made its appearance on board the United States Ship Hornet, in 1828, while lying at Sacrificios, a small island about three miles from Vera Cruz. The ship had been lying there at anchor twenty-six days when the fever broke out. There was no disease then prevailing in the city of Vera Cruz, nor was there yellow fever prevailing at any port where the vessel had touched during her cruise.

The weight of evidence bears out the conclusion that to produce an epidemic of yellow fever in any locality, the germs of the disease must either already exist, or be imported to the particular locality, and for their full development and propagation certain external conditions are necessary, as heat, moisture and filth. It has always been observed that in proportion to the mal-hygienic condition of a locality, in the same ratio does the disease prevail.

This was notably the case in Norfolk in 1852, and in Shreveport in 1873. During the present epidemic at Grenada, a filthy sewer, containing dead animals, decaying vegetable matter, etc. which had been exposed to the sun all the summer, furnished a suitable nidus for the development of the disease. While I believe the germs of the disease do not exist in the patient himself, the dejections, etc., yet they are capable of being retained in the clothing, and in this way may be conveyed to other localities. For this reason personal quarantine is not a matter of necessity, but it is always essential to quarantine the patient's surroundings. If cities and towns would require all persons arriving from an infected place to divest themselves of their clothing, baggage, etc., to thoroughly bathe, and procure entirely new clothing, the disease could be excluded.

The symptoms of yellow fever are very generally known, hence I shall very briefly refer to them. The first stage or stages of fever usually lasts about twenty-six hours. It is commonly ushered in by chilliness, fever, headache, nausea, and sometimes vomiting. In cases which are going to be grave, the vomited matters show

streaks of blood thus early in the disease. The temperature rapidly rises, but seldom goes above 25° Fahr. The pulse is generally full, strong and rapid, beating from ninety to one hundred and twenty per minute. The skin is hot and dry, the face flushed, the eyes bloodshot, brilliant and watery, and the tongue covered with a creamy white fur, but with clean tip and edges. The bowels are at first costive, but as the disease advances they become loose. After this stage has lasted a few hours or days, then comes the stage of calm. The pulse may become normal, and the temperature may regain its healthy level, or slightly above it, but the patient remains depressed and indisposed to take food, thus showing that he is not well. About the fifth day of the attack the characteristic jaundice shows itself, first in the eyes, then over the surface of the body; according to Dr. Dowell, "the skin does not turn yellow in more than one case in six, and many die before there is the least appearance of yellowness even in the eyes; not more than one in three turn yellow that dies of black vomit." The stage of calm may last from two to five days, and by good fortune or treatment end in recovery; otherwise, the third stage, or hemorrhagic stage begins; all the tissues now show a hemorrhagic disposition. The vessels of the gastric mucous membrane no longer retain their contents, the blood oozes into the stomach, and mingling with the acid is turned black, nausea ensues, the blood is vomited up, and we have thus produced the "black vomit." The urine, which throughout the attack has been scanty, now becomes either suppressed, or, if excreted at all, is black and bloody, and highly albuminous; the jaundice increases, the skin becomes dusky brown or livid, and there are frequently hemorrhages from all the mucous membranes, or beneath the skin. In fatal cases the heart's action fails, and the patient dies, either in convulsions or coma. Under the most favorable circumstances the mortality is about twenty per cent.

The most constant pathological lesions are fatty degeneration of the heart and liver.

Hemorrhagic effusions are found more or less in all the organs of the body, as well as on the mucous surfaces. The blood is dark and often fluid. The period of incubation of yellow fever varies from three hours to twenty-six days.

The most importance is to be attached to the treatment of this disease during the first and second stages. Of all the indications for treatment, probably the most important is to keep the temperature down. Of the various antipyretics cold water ranks first in importance. It may be applied either in the form of the cold bath, sponging, wet pack, or by Major's apparatus. Many years ago I had an accidental illustration of the advantage of the cold water treatment in the person of my father. On returning from an expedition to the West India Islands, the crew of the ship were stricken down with yellow fever, and it became necessary, for the safety of the vessel, for the passengers to volunteer. At the time he was suffering with an attack of the fever, and while the fever was on him he steered the ship all night in a rain storm, and became thoroughly drenched and chilled. In this condition he retired, and fell into a sleep of some hours' duration. From this time he rapidly improved, and was soon quite well.

Quinia is a powerful apyretic, but like alcohol, it is badly retained by the stomach.

At the onset of an attack of yellow fever a mild aperient should be administered. It is a safe rule to allow the patient to follow his own inclinations as to cold or warm drinks. Orange leaf tea is a favorite drink among the physicians in the southern States. During the stage of calm the patient should be kept quiet, and the diet should be light, moderate, and judicious. The limited use of wine may be permitted, but alcohol in large quantities is pernicious. The nausea and vomiting may be met with creasote and lime water, and spiritus mindereri.

Dr. T. B. Evans. I have always believed that yellow fever and malarial or bilious fever was one and the same disease. The poisons producing these diseases are similar. Yellow fever occurs in this country *de novo*, and is the result of heat, moisture, filth, and animal and vegetable decomposition. Quarantine is not, as a rule, necessary. The disease can be carried from place to place, but cannot be communicated directly from one person to another. During the epidemic at Norfolk, in 1855, the Bay Line of steamers continued to ply between this port and Norfolk, and many persons came to this city with the disease and were treated here, but in no instance was the disease communicated to others living in the city. The disease did not then prevail in Baltimore, because the soil did not exist for its production. In Louisiana the conditions favoring the development of yellow fever always exist. Proof of the identity of the two poisons is furnished in the pathological appearances. Autopsies show the same state of things in both hemorrhagic malarial fever and yellow fever. The difficulty of reaching the truth is on account of a want of a proper knowledge as to what contagion means.

Dr. J. F. McShane. The disease that made its appearance in this city in the summer and fall of 1876 was clearly traceable to importation. The first case was that of the pilot who brought the infected vessel from the capes. A lot of junk from the vessel was sold to a dealer on Caroline street, below Lancaster street; the disease now broke out in the neighborhood, and the majority of the cases were confined within a radius of two hundred feet. The locality in which the disease prevailed is probably one of the most filthy sections of the city; the inhabitants, mostly Bohemians, were extremely filthy in all their habits of living.

Dr. Evans. The first case of yellow fever that I met with in this city in 1876, was on Durham street near Lancaster street, about six squares from the locality mentioned by Dr. McShane. The patient was employed as a stone cutter,

and he had no connection with the shipping. A number of other cases appeared in this locality. My next cases were next door to the junk shop, on Caroline street.

Dr. Erich read, from the Baltimore *Sun*, an account of the skipping by the disease of certain localities in New Orleans.

Dr. John Morris. These statements are sensational in their character; they are made by reporters who are non-medical men, and are not reliable. I do not believe that the disease skips any locality. In Norfolk, in 1855, it progressed everywhere. Its progress is steady and onward, like the march of an army. I do not believe the profession are undecided as to the nature of yellow fever; there are some who still hold that it is a congestive, or an aggravated form of malarial fever, but I think it has many characteristics sufficiently distinctive to prove its non-identity with malarial fever. In yellow fever there is always albumen in the urine, and we may have it in malarial fever, but there is not present the evidences of desquamation which distinguishes yellow fever.

Dr. Erich. In some epidemics of yellow fever this skipping disposition is manifested, while in others it is not. It is a question of some interest as to how the poison of yellow fever enters the system; if it enters through the lungs, in the inhaled air, then the disease would not be confined to any particular locality, but would extend everywhere. If it is traceable to the drinking water, then we can explain the localization of the disease.

In the epidemic in this city, in 1876, the disease was confined within two distinct circles. The inhabitants of both of these localities were supplied with drinking water from pumps. Yellow fever developed itself on board of a ship, the name of which I cannot recall at this time, and was confined to the inmates of the cabin, who drank water that was taken on board at one of the West India islands, while the crew, who drank European water, were entirely exempt. The question may be asked, if the poison enters the body through the drinking water, why is it that frost puts an end to the disease? The germs of the disease are deposited from the air, and taken up by rain water, which percolates through the earth and makes its way into the wells. The advent of frost kills the germs in the air, hence living organisms can no longer be deposited on the surface. The germs of the disease many times continue to live in dwellings that are artificially heated, even after the advent of frost.

The history of some epidemics of yellow fever furnishes proof that the drinking water is the means through which the poison enters the body.

Toward the last of the past century epidemics of this disease occurred in Boston, New York and Philadelphia, but since the cities receive a clean and pure supply of water through the hydrant system, the disease never appears. Before the germs are wafted to the distant water-sheds frost makes its appearance and destroys them.

Epidemics of the disease occur now, generally, in places where the population receive their drinking water from pumps. On shipboard the water casks are many times left open and exposed to the air. New Orleans has only recently been supplied with hydrant water, which, thus far, is not very extensively made use of for drinking purposes. Dr. Dowell says: "New Orleans has been greatly improved by its water works, and its mortality has been greatly reduced, since 1853, though the inhabitants have increased."

Dr. Lynch. Any disease germ may enter the system through the medium of the drinking water, but not exclusively so. To again refer to the etiology of yellow fever, I must say that, besides the facts previously mentioned, I have met with many cases of hemorrhagic malarial fever, and have always recognized a clinical history differing from that of yellow fever.

Dr. Evans has inquired the difference between contagion and infection. I will briefly answer the question. If we narrow the limits of the definition to each term, *contagion* may be restricted to the communication of a disease by direct contact, or by contact with a palpable morbid product; for example, syphilis. On the other hand, *infection* may be used to denote communication by means of an inappreciable emanation or miasm, or communication with the intervention of more or less space, and not by direct contact; for example, typhoid fever. Some *infectious* miasms or germs are propagated in the patient's body, and are communicated to others through a limited space. Such diseases are, for convenience sake, frequently termed contagious; for example, scarlatina. In other infectious diseases the *miasma* finds a suitable soil for its propagation outside of the body. The disease under consideration furnishes an example.

Suggestion for the Prevention of Scriveners' Palsy.

The North Carolina *Medical Journal* says of this condition of fatigue of the fingers and hand which precedes writers' palsy—

The pen should be taken between the forefinger and the one next to it, after the fashion of phonographers, and only held loosely in position by the natural contact of these two fingers, while the forefinger, middle finger and thumb rest in loose contact with the pen holder. The motion then is gliding from left to right, the up and down strokes being performed mainly by the motion of the wrist. With a lead pencil there is no easier way to write, and a little practice enables one to acquire a legible hand; and there need be no obstacle to writing with a pen, as suitable instruments in gold and steel, with their nibs bent to the left, are easily procured from stationers.

This new position of the pen enables the writer to rest his forefinger and thumb, and after the lapse of months he may return to the more familiar way, for special occasions.

Editorial Department

Periscope.

The Combination of the Cinchona Alkaloids with Opium.

Several recent writers have urged the value of this combination. It is one perfectly familiar to Southern and Western physicians. Dr. P. G. Skillern claims, in the *Medical Times*, that—

1. By a combination of the cinchonia alkaloids with opium, a much better effect is obtained; a paroxysm being aborted with much more certainty, and a much earlier and more complete cure insured.

2. Only half the amount of quinia or cinchonia is required.

3. It relieves any painful sensations which might be associated with periodic affections.

4. Exemption from certain disagreeable effects upon the brain, headache, tinnitus aurium, etc.

5. It enables the stomach to retain quinia much more readily.

6. Large and continuous doses of quinia or cinchonia may be given without producing cinchonism, if combined with morphia.

Venesection as an Anti-Hemorrhagic.

Professor Chauffard is of opinion that at the present time venesection is too much neglected, and especially in cases where it is desirable to open up another channel for blood which tends to become effused at the surface of an organ. He pointed out a case of hæmoptysis at the Neckar, occurring in a robust young man who was almost plethoric, a stone cutter by trade, and therefore of an occupation dangerous to the pulmonary organs. A very abundant hæmoptysis had appeared suddenly three days before his admission, and still continued. Professor Chauffard, having ascertained that no serious lesion existed, ordered venesection to the extent of five hundred grammes, and the cure was immediate and complete. This is the reverse of what is met with when a normal hemorrhage which is suppressed gives rise to another in its place. It is not only an accidental hemorrhage which may be thus arrested, but also the hemorrhagic molimen, when it becomes dangerous. Thus one of the most important applications of venesection in practice is for the prevention of catamenial congestions persisting after impregnation and leading to the detachment of the germ, a cause of sterility which is frequently misunderstood. A case in point is that of a lady who, during a period of ten years, repaired to every resort reputed as useful for the prevention of sterility. She was a stout and plethoric person, with very abundant menstruation, which appeared at regular periods. In neither her nor in her husband was there any cause preventative of impregnation. This had probably taken place, but had been rendered invalid by reason of the abundant periodical discharge which had continued. The day before the expected period a small quantity of blood was taken, and then again the next day; and at the end of nine months the lady had her first child; which was followed by others. This cause of sterility, especially in persons of generous blood, is by no means rare.

On Supernumerary Breasts.

The following are the conclusions which Dr. Godfrain arrives at, in a carefully worked-out thesis upon this subject:—1. Supernumerary breasts are rare. 2. They are of the same structure as the normal breast. 3. They are met with most frequently two in number, less often one, and rarely three. 4. Their most common seat is the axilla, and this site is explained by the frequent existence of axillary prolongations of the gland. 5. Some of the supernumerary breasts have, as points of departure, a pediculization, and a migration of the glandular lobules—analogous to the migratory tumors of the breast. 6. These supernumerary breasts may exist with or without nipples, and in the former case the milk secreted resembles that of the normal breast. 7. The above characters of the supernumerary breasts enable us to distinguish them from tumors; but in some cases, in which consecutive alterations take place, their diagnosis may become very difficult or even impossible.

Therapeutic Uses of Sulphate of Copper.

From a sketch of the pharmaceutical history of this drug in the *Practitioner*, we learn that in 1789 Wright employed it as a diuretic in dropsy, and subsequently it was recommended by Hufeland in severe neurosis; by Winter and others as a specific in epilepsy, and by others in catalepsy and chorea. Brera used it in gastralgia with success, Stienbach in pertussis, Storer in hysteria, and Brendt in diabetes. The general result of the observations made by these authors was to show that copper possessed a well-marked anti-neuralgic and anti-neuritic action, and that it was capable of modifying various conditions of innervation. Subsequently Guersent and Pecholier obtained excellent results from its use in scrofulous and rachitic diseases, while Rademacher, Gubler and Schroeder v. der Kolk found in it a reliable and powerful hæmatinic and general tonic. The celebrated powders of Smith, used in intermittents and in obstinate remittent fevers, contained ten parts of sulphate of copper, one part

of kino, and two parts of gum-arabic. The statements of veterinary surgeons are unanimous in favor of the value of sulphate of copper in glanders, farcy, anæmia, hydræmia, and in inveterate cutaneous diseases. The opinion expressed by Barrallier, that small doses of sulphate of copper act silently, and permit the metal to be placed, as a pharmaceutical agent, by the side of silver, platinum, gold, manganese, and even iron, has received support from the discussion lately carried on in the Society of Biology, of Paris; for while Christison, Orfila and others, appeared to have established without a doubt the toxic action of sulphate of copper, Bourneville gave no less than 1000 grains to an epileptic, in the course of 151 days, and when death at length occurred, from other causes, found that the mucous membrane of the intestine presented no structural alteration. Drs. Levi and Barduzzi undertook some original investigations on this subject, and found that the salt might be given in considerable doses without injury to the horse, ass, dog, and to man; that it was not only tolerated by the stomach and intestines, but that it increased the activity of the nutritive processes, and that it might truly be called a "recorporant." These effects they attribute to its causing excitation of the gastric secretion, and at the same time exerting an astringent action on the secretory tracts and on the vessels, everywhere augmenting the contractility of the unstriated muscular fibre, thus effecting a more complete performance of the digestive process, in consequence of which, again, more material is absorbed and thrown into the circulation.

The Determination of the Cardiac Triangle.

Dr. Constantine Paul proposes the following method, in lieu of those at present in use, in order to determine the cardiac triangle. It is necessary to begin by precisely fixing the point corresponding to the apex of the heart; this point being found, its relations must be determined with the points of the thorax more fixed than it; the nipple will not serve as a landmark, by reason of the variability of its position in different individuals; it is necessary to designate the intercostal space at which the apex beats, and to measure the distance between the spot at which the pulsation is perceived and the medium line of the body. This done, the outer border of the liver is determined by percussion; and this line, which is a little below the real line, being extended to the region of the point of the apex, affords the indication of the right border of the heart. To obtain the right and inferior angle, the lung is percussed in the transverse sense, and the zone of dullness is reached which corresponds to the limit of the auricle. This method of insuring the extent of the cardiac triangle allows us, according to M. Paul, to easily define the changes in the size and position of the heart. He presents a series of observations on ventricular hypertrophy, with schematic figures in support of his view.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——A clinical lecture on hydrocele, by Dr. J. H. Pooley, of Columbus, forms a pamphlet of twenty pages. It does not contain any new suggestions on the subject. Dr. Pooley uses iodine injections, and his success with them seems fully up to the average.

——From the opening discourse pronounced by Dr. T. E. D. d'Orsonnens, Professor of Chemistry and Obstetrics, at the thirty-sixth opening of the faculty of medicine of the University of Victoria College, Montreal, it appears there is a probability of the medical faculty hereafter becoming attached to the Laval University, a Roman Catholic institution. As the medical school is entirely Catholic in its sympathies, Dr. d'Orsonnens urges that such a union would be highly desirable.

——A neat little quarterly of 22 pages, edited by Dr. G. Beck, of Bern, Switzerland, has been started, which has for its field "medical polytechnics," that is, the description of all instruments of precision, apparatus, and mechanical, electrical and chemical aids to diagnosis and therapeutics, in medicine, surgery and obstetrics. The title is "*Illustrirte Vierteljahrschrift der ärztlichen Polytechnik.*" Price 5 francs a year, exclusive of postage. If it steers clear of becoming an advertising sheet (of which this first number leaves us in some doubt), it can be made a valuable journal.

——"Refracture for the Relief of Deformity Following Badly-treated Fracture of the Extremities, Illustrated by Cases Treated in the Pennsylvania Hospital," is the title of a pamphlet of 27 pages, by Dr. John B. Roberts, of this city. The matter was first published in the Edinburgh *Medical Journal*, and will be found an important contribution to this branch of surgery.

——The Charter and By-laws of the Mutual Aid Association of the Philadelphia County Medical Society may now be obtained in pamphlet form. As they are the outcome of careful consideration by its most competent members, assisted by eminent counsel, we recommend other medical societies proposing similar organizations to procure a copy. The secretary is Dr. Blackwood, 246 N. Twentieth st., Phila.

BOOK NOTICES.

Traité de Thérapeutique appliquée basé sur les Indications. Par J. B. Fonssagrives. Tome I, pp. 810; Tome II, pp. 752. Paris, 1878.

In these large octavo volumes of nearly 1600 pages is collected a mass of well-digested learning, which does the highest credit to the author. Dr. Fonssagrives is professor of therapeutics and materia medica at Montpellier, and has long been known for his very popular and able works on hygiene. He also published, in 1875, a treatise on general therapeutics, from the physiological point of view. In the present work he takes up the art from its practical side. The originality to which he lays claim is that of a classification of therapeutic resources based on *the indications*. It is not possible, in the limits of such a notice as this, to do more than sketch in a superficial manner the elaborate system he constructs; but we shall give its outlines.

All scientific medication must aim either to bring about some physiological action; or else it must be aimed to remove some existing hindrance to the return to health. Hence, most medication is *biocratic* (directed to controlling the vital functions) or *etiocratic* (directed to controlling the causes of disease). In the former class come the stimulants and depressants of the nervous system, the modificators of the force and quality of the blood, the circulation, the secretions, of nutrition, calorification, generation and other functions. In the latter class are obviously ranged those agents which remove or alter the diatheses and dyscrasiæ, which neutralize miasms, septic and other poisons and virus, which destroy parasites, and are antidotal to active toxical agents. There is still a third class of remedies, those which, by creating artificially a pathological condition, remove another and more serious one already existent. These are the *nosopoietic* remedies, and embrace bleeding, counter-irritants, vesicants, cauterants, etc.

These, then, are the three great classes under which our author groups remedial agents; or, more correctly speaking, they are the three grand therapeutical endeavors, in aid of which he marshals, inspects and arranges the resources of the materia medica.

It will be seen that his plan is at once eminently philosophical and eminently practical. We know none more so. To be sure, his book is not one for the student to learn his materia medica from; it is rather the treatise for the thoughtful practitioner to call to the assistance of his already ripe culture and mature judgment. It is a fit implement for the master workmen, not a tool for the apprentice.

We need not add how wide a scholarship it displays, nor pay compliments to the style, for in those points Professor Fonssagrives has a reputation which needs no extension. But we may call attention to the full indexes which close the work, as they are a rare phenomenon in a French book, most of the authors of that nation having the inexcusable negligence of letting their works appear without any index at all, or none worth the name.

Cyclopædia of the Practice of Medicine. Edited by Dr. H. von Ziemssen. Vol. viii: Diseases of the Chylopoietic System. William Wood & Co., New York city. pp. 935.

This thick volume, of nearly a thousand pages, has a list of eight contributors, and presents the same thorough treatment of the topics it includes as its predecessors. Indeed, it is somewhat exhausting, from its fullness. For example, Dr. Friedreich gives us eighty pages on diseases of the pancreas, a subject to which Bristowe devotes but a page, and even such a voluminous writer as Aitken omits altogether. But the fact remains that in spite of Friedreich's fullness not a disease of the pancreas can be diagnosed.

Under diseases of the spleen Mosler gives a very learned disquisition on leucæmia, a subject to which German writers have devoted amazing attention, as they claim it as a discovery of their countryman, Virchow.

Diseases of the bladder and urethra are treated by Lebert, and of the male genital organs by Curschmann. In his discussion of spermatorrhœa the latter maintains the position, in strong contrast to Lallemand and his disciples, that in most cases the mental symptoms, though not obvious at first, constitute the primary condition, and the sexual phenomena depend upon them.

The remaining sections are on diseases of the œsophagus, by Bauer and von Ziemssen; diseases of the peritoneum, by Bauer; and diseases of the supra-renal capsules, by Merkel. The typography, paper and binding of the book are like the previous volumes, that is to say, all that can be asked.

THE

Medical and Surgical Reporter.

A WEEKLY JOURNAL,

Issued every Saturday.

D. G. BRINTON, M.D., EDITOR.

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THE FREQUENCY OF UNRECOGNIZED HEPATIC ABSCESS.

A number of articles in various medical journals recently, have called attention to the frequency of obscure and unrecognized hepatic abscesses. Thus Drs. DAVIS, TANSCKY and HAMMOND, of New York, and Drs. DRUDE and BYRD, of Quincy, Illinois, have all written very instructive papers on the subject within the last six months. Often there is no sign of these abscesses; they are small, deeply seated, devoid of perceptible fluctuation, and wholly painless. The symptoms are general, often almost wholly cerebral. Profound depression of spirits always is present; indeed, Dr. HAMMOND teaches that where this is encountered without obvious cause, it is well to plunge the aspirator needle into the liver, as a venture. It is, he says, a certain means of diagnosis, and not dangerous.

Probably the most frequent origin of these abscesses is in malarial poisoning. Few physicians are sufficiently impressed with the pathological changes which the liver undergoes in miasmatic disease. Lardaceous changes and local congestions are probably the most common. Chronic hepatic congestion is as common as "ague cake" in the lowlands of the South and Southwest. Dr. JOHN SULLIVAN, in an article in the *Medical Times and Gazette*, recently (July 27th, 1878), has called the attention of the profession to the frequency of these degenerations. The substance of the liver is enlarged and softened; its tissue presents a variety of shades of color, the effects of altered secretion.

"The poison of malaria affects the texture and functions of the liver. The subject of marsh cachexia is jaundiced, because the normal metamorphosis of the bile is interfered with. He is pale and anæmic; his heart beats with a sense of suffocation and giddiness; his gait is slow and painful; he is sad and careworn; he labors under ascites or serous infiltrations; he is subject to alternations of heat and chills, because the process of oxygenation in the liver and the functions of sanguinification and of depuration of the blood are interrupted.

"A patient who suffers from a structural or functional disease of the liver, through the con-

tinued but slow and insidious operations of marsh malaria, may drag on a painful existence for months and years. He relapses, he declines, and finally succumbs to the influence of a melancholy cachexia."

It has, indeed, been maintained by other observers, Dr. W. Coles, of St. Louis, for example, that the assertion that hepatic abscess is frequent, is not well founded; and that the free use of the aspirator is by no means without serious risk to the patient. Cases of death are quoted, following its employment.

To this it is replied that even such a simple operation as aspiration must be guarded by all the surgical precautions which every operation demands, and must be undertaken with an accurate knowledge of the anatomy of the parts. The fatal cases arose from ignorant or careless use of the instrument.

At present, the discussion is at an interesting point, and we look forward to further inquiries which will enlighten us on this important lesion.

Notes and Comments.

Recent Notes on Salicylic Acid.

At a late meeting of the Boston Society for Medical Improvement, Dr. Wheeler spoke of an eruption which he had observed follow the use of salicylic acid in rheumatism. It consisted of vesicles and pustules seen on both extremities. There was much sweating, and the patient died a few days later, of some complication. The eruption diminished after the discontinuance of the acid.

On the other hand, at a recent session of the Richmond, Va., Academy of Medicine, Dr. J. N. Upshur reported several cases of typhoid fever and scarlet fever, in which he had used the above remedy with gratifying results. In cases in which temperature ranged from 102° to 104½°, by the exhibition of ten grains of salicylic acid in a saturated solution of phos. sodii every two hours, the temperature was reduced to 101°, above which it did not again rise. The above mixture was continued in the same doses every two hours for four days, then every four hours for six more days. The patient rapidly recovered. The case is from the *Southern Clinic*, for October.

Dr. B. W. Hazard writes, in the St. Louis *Clinical Record*—

Among the external uses of this acid I take occasion to again refer to its employment in wounds, burns and scalds. I usually prescribe it with cosmoline, in the proportion of ten grains to the ounce. Suppuration is reduced to a minimum, and the processes of repair go on without interruption.

I have found a solution of the acid in Bay rum, ten to twenty grains to the ounce, a most effectual application in dandruff (pityriasis capitis), a half dozen or less times applied, and the scales disappear. It is just as effective, and a far more agreeable application than a solution of chloral hydrate.

In rheumatism the drug holds its place. Mr. E. Prideaux says, in the *Practitioner*—

The results of the treatment of acute rheumatism by salicylic acid are now almost fully determined, and from the great amount of recorded and accumulated experience of its action, its beneficial effect may be considered as proved. From an experience of about forty cases I find that it cuts short the disease, so that it now lasts as many days as it did weeks formerly; it quickly reduces the temperature and keeps it down while the poison is eliminated from the system, if it does not have a specific action upon the disease itself, and by thus lessening the duration and intensity of the disease it lessens the probabilities of complications, more to be feared than the disease itself; and this it does in a way which cannot be hoped for by the use of any other remedy. It is true that a few failures have occurred in its use in the treatment of this disease, but in the larger number of these failure has evidently been due to timidity in dosing and in administering it frequently enough, for the drug is so rapidly eliminated from the system that unless its effects are kept up by hourly or very frequent doses for some time, it is not of much avail.

Treatment of Enlarged Glands in Scarlet Fever.

A correspondent of the *Lancet*, writes—

I have lately adopted a very simple method of preventing the great suffering which little patients sometimes have to undergo from enlarged glands in scarlet fever. The attendant is directed, on the slightest indication of enlargement, to rub gently into the neck, every two hours by day and every four at night, the linimentum ammonia, with a little tincture of

opium added; each application to last ten or fifteen minutes; and, to ensure the necessary perseverance, warning is given of the probable serious consequences should the enlargement continue. I have recently had a large number of cases of scarlet fever, some of them severe; but I have had no enlarged glands. The friction obviously prevents the collection of morbid material in the gland and subsequent adenitis.

Velocity of Nervous Transmission.

The *Comptes Rendus* contains some interesting accounts of the experiments of M. Chauveau on this subject. He presented two series. In the first, he compared the velocity of transmission in the nerves of the laryngeal muscles (red voluntary muscles), and in those of the cervical position of the œsophagus (red involuntary muscles). In the second, the comparison was extended to the nerves of the terminal portion of the œsophagus (pale involuntary muscles). He finds that in the motor nerves of the red involuntary muscles the velocity of transmission of centrifugal excitement is about eight times less than the nerves of muscles which have an identical structure, but which belong to the portion of the muscular system that is controlled by the will.

The Position of a Medical Expert.

A reviewer of Dr. Ogston's "Lectures on Medical Jurisprudence" observes that Dr. Ogston points out what cannot be too forcibly dwelt upon, for it is a principle underlying the whole question of medical jurisprudence, viz., that the medical man as an expert is practically a scientific witness, and being such, and such only, he must carefully refrain from exercising the prerogative of a judge. The law requires medical evidence to aid, not to direct, its decisions. This teaching is so sensible that we are tempted to quote the dictum of an old hospital lecturer on forensic medicine: "The duty of a medical expert is to state facts, and if called upon he should be prepared to explain them."

Varieties of Medical Specialism.

In an introductory lecture at St. Thomas' Hospital, London, Mr. E. Nettleship observed in regard to this subject as illustrated by ophthalmic surgery, three stages might be recognized in medical specialism: the first or empirical stage, based on the need for special dexterity in certain operations; the second, or encyclopædic, in which the practice of eye surgery was joined with general surgery, and the special branches of practice were in the hands of the best surgeons of the day, who were but seldom specialists (16th, 17th, and 18th centuries). The continued action of the causes which produced this stage have led, in the last half century, to a great increase of specialism and specialists, the progress of knowledge and multiplication of resources having made it impossible for any but men of the highest ability to cultivate thoroughly the whole field of modern medicine (third stage). However much we may regret this modern subdivision of labor, as fostering narrow habits and exclusive views, and as tending to an over-estimation of the importance of trivial complaints, we must accept it as an essential condition for most of us if we wish to attempt thorough work.

The Syrian Cure for Hydrophobia.

The following description of the Syrian cure for rabies is given in the *British Medical Journal*. It is probably as successful as others, and more agreeable than most. The person bitten by a mad dog is subjected, for forty days, to a strict vegetable diet; he is then made to pass every night, from the fortieth to the fiftieth day, without sleep; and to keep him awake, he is surrounded by musicians and dancers with instructions to amuse him. In the morning, shrouded in a large cloak, or with a thick bandage over his eyes, he is led to the seashore, or close to a sheet of water. There, at the moment when the sun rises, his eyes are rapidly uncovered, and at the same time a large quantity of water is thrown in his face. Several Arabs said that they had seen this treatment succeed, and they had great confidence in it.

The Frequency of Uterine Displacements.

We remember to have heard the late Dr. Charles D. Meigs state his belief that at least 30,000 women in Philadelphia were at one time suffering from womb disease. In the October number of the *American Journal of Obstetrics*, Dr. D. C. Wade writes—

It is the result of my observation that a large proportion of women suffer from uterine displacement, and that young ladies are not less prone to these diseases than are matrons. It is further observed that many consecutive diseases are banished upon the removal of this their cause; and I wish to impress upon all

the absolute necessity of giving the uterus particular attention in all cases where it may be supposed to be implicated.

Mosquito Bites.

An exchange tells us that the best preventive of mosquito bites is to smear the face and hands with half a drachm of the oil of cloves or cinnamon, rubbed up with an ounce of spermaceti ointment; and that to allay the smarting they produce the handiest remedy is to rub the bitten part well with strong soap, and hold it under a stream of water.

Batiator Root.

This is a new emetic root from Senegal, now propagated in France from seeds. It has properties very similar to ipecacuanha, and is given in similar doses.

Correspondence.

The Sense of Voluntary Power.

Ed. Med. and Surg. Reporter:—

My attention has been directed to a brief editorial comment, appended to a letter of mine, with the above caption, in the Reporter for Nov. 9th.

The views of Dr. Brinton relative to general psychology are well known to the readers of this journal; they are also stated with sufficient clearness in his thoughtful treatise on the "Religious Sentiment, its Source and Aims."

According to this modern psychology (with which in the main I fully agree), sentiency is a property, not merely of the brain proper, but of the whole nervous system; wherever there are ganglia and nerves, there is sensibility. Every ganglionic excitement, whether cerebral, or spinal, or sympathetic, gives rise to sensibility; this view, as Bain well remarks, "seems a more likely supposition than that sensibility should attach to certain ganglia (those in the cerebrum), and be absent from others made up of exactly the same combination, of the same nervous elements."*

In ascribing sentiency as a universal property to nervous ganglia, we have not even yet touched bottom. If we pursue the analysis still further, we shall find the same fundamental mental characteristic in the undifferentiated protoplasm: "The human mind is a memberment of infusorial sensation," said Oken, in 1804; "this phrase," says Dr. Brinton, "has been the guiding principle of modern psychology." † Wherever you see living protolapsm responsive to a stimulus, protoplasm in animal or vegetable, there you see sentiency, there you see mind; so says Dr. Brinton, and so says Spencer and Lewes, and Ferrier, and Nägeli, and Taine, and hosts of modern psychologists. But why stop here? Why not push the line of argument into the inorganic world, and with Haeckel see love and hate in the attractions and repulsions of atoms? Why may not the magnet be presumed to have something akin to love for the iron which flies to its embrace? *

Without, however, unnecessarily pressing the theory into the inorganic world, it may be safely affirmed that the study of comparative Physiology and Psychology does confirm the evolutionary theory of mind, so well epitomized by Von Nägeli.† "From the clearest consciousness of the thinker, downward, through the more imperfect consciousness of the child, to the unconsciousness of the embryo, and to the insensibility of the human ovum, or through the more imperfect consciousness of undeveloped human races and of higher animals to the unconsciousness of lower animals, and of sensitive plants, and to the insensibility of all other plants, there exists a continuous gradation without definable limit."

It is not my purpose to go into an extended analysis of this theory, so plausible, if the hypothesis of evolution be sound; in fact, granting the hypothesis, it is hard to see how any other theory can stand.

In the development of higher organisms, and the elaboration of a complex nervous system, super-added to the simple nervous arcs of the lower organisms, certain protective ganglia of a higher order are evolved; any considerable stimulus awakens not merely one ganglion, but several; there is now what is called a "diffusion of nerve currents;" "local feelings fuse into a collective feeling," or "a combined tone, the resultant of all the separate tones;"‡ there was first sentiency, there is now consentiency; finally, when we arrive at the complex cerebral apparatus of the higher mammalia, we find sentiency associated with thought, reflection, comparison (the memory of past experience) and consentiency becomes consciousness, sensori-motor action becomes conscious effort; in short, we have volition. Let me quote a few paragraphs from G. H. Lewes.

"The gradations of sensitive reaction are sentiency, consentience, and consciousness."

"The reflex mechanism necessarily involves sensibility; reflex actions may be unaccom-

* Bain, *Emotions and Will*, Eng. Ed. 1865. p. 600. Appendix A.

† "*Religious Sentiment*," p. 61. The author here appends a judicious qualification: "That in the course of this memberment or growth, wholly new faculties are required, is conceded. As the union of two inorganic substances may yield a third, different in every respect from either, . . . so positively new powers may attend the development of mind. From sensations it progresses to emotions, from emotions to reason."

* Virchow, in reply to Haeckel, in his address to the German Association of Science, delivered last fall, admits that it may be so, but such analogies are very misleading. Virchow meets this speculation in a fine vein of ridicule.

† *Nature*, October 25th, 1877. It is necessary to point out that Nägeli here uses terms in their popular acceptation.

‡ Bain. Loc. Cit., p. 600.

panied with consciousness, and yet be sentient; the feelings are operative, though not discriminative."

"Sentiency has its various modes and degrees, such as perception, ideation, emotion, volition, which may be conscious, subconscious, or unconscious. Between conscious, subconscious, and unconscious states, the difference is only of degree of complications in the neural processes, which by relative preponderance in the consensus determine a relative discrimination."

"There is no real and essential distinction between voluntary and involuntary actions; they all spring from sensibility; they are all determined by feelings."

"All actions are reflex, all are the operations of a mechanism, all are sentient, because the mechanism has sensibility as its vital property."*

I opine that the above propositions, which will appear startling to many readers of the Reporter, have very much justification in comparative psychology, and they may possibly hold their ground till the long guns of the Boston "Monday Lectureship" are directed at them, when they must fall, for they savor of rank heresy, call the doctrine "organicism," or call it what you will.

After all this explanation of views which are the outcome of the exactest scientific method, and which I am inclined to endorse, and with this concession, that there is no absolute line of demarcation between voluntary and reflex, between sentiency, consentiency and consciousness, I yet maintain that for all practical purposes there is such distinction. I affirm that in my letter of November 9th I used the word voluntary in the popular acceptation of the term, and was justified by the best authorities in so doing. Thus, Flourens, in describing the reflex movements of decapitated animals, asks, "Do these phenomena indicate a residuum of will? No, they are purely mechanical; they are sensori-motor acts, in which intelligence and will take no part."†

Vulpian describes similar exhibitions in the same language. I need not refer to Carpenter, Flint, Draper, and other eminent physiologists, who use the words voluntary, conscious, etc., to express products of the higher cerebration; even philosophers like Lewes, do not, in common parlance, make consciousness the synonym of sentiency, or speak of reflex action as voluntary. Whether, as Draper teaches, there be, in the human organism, "automatic arcs," and "influential arcs," essentially distinct and different, as wide apart as heaven and earth, for the boundless ocean of the immaterial lies between them, or whether, as I believe, this distinction be only fanciful, there is, nevertheless, a difference in degree between the automatic and the volitional, which justifies the common phraseology, and justifies me in affirming as a heresy the doctrine of Dr. Dowler (and with this I close), "that voluntary motion is neither directly communicated from, nor regulated by, the brain;" that the muscles in connection with the spinal cord perform voluntary motions for hours after having been severed from the brain; that these motions are not only entirely independent of the brain, but may take place, though imperfectly, after the destruction of the cord."

In so far as the word voluntary is concerned, I reiterate my entire disbelief in the above proposition.

E. P. Hurd, M.D.

Newburyport, Mass.

* *Physical Basis of Mind.* American edition, p. 403.

† Quoted by Vulpian.

The Decimal System.

Ed. Med. and Surg. Reporter:—

I certainly think the profession and the public generally are under obligations to the Reporter and Dr. Oldberg for the very clear statement of the metric system (see Reporter, July 27th, 1878). I shall not attempt to make any improvement on the communication, but merely wish to impress more deeply the idea of comparing the metric system to our decimal monetary system. Liken the gram to one dollar, the centigrams to cents, and the decagram to an eagle, and the whole matter is simple and plain. And this rule is applicable to the measures of length. Call the meter one dollar, and the other divisions and multiplications become easy and natural.

Here let me enter a protest against the multiplication of tables. Dr. Oldberg well says gram, centigram and milligram are all the terms necessary for the physician, chemist or druggist. A table of measures by weight, and a table of measures by length, is all that the profession or the public in general need to know. Why have a table of superficial measures, a table of solid measures, and a table of measures of capacity, when the table of measures of length will answer every purpose? Abolish or ignore liter, are and stere, and their derivatives, and a huge stumbling block in the way of the adoption of the metric system is removed. Certainly it is easier to comprehend one hundred square meters than it is one are. A cubic meter comes more clearly in the mind than does one stere. And as to liter, almost everything merchantable can be bought and sold by weight; so let us abolish the measures of capacity of squares and cubes at once, as superfluous and complicated.

Physicians are the only active reformers we have. Here is a reform subject to no possible objection, and the more one studies it the more he wonders that it has not been long ago adopted. It is applicable to every department of human knowledge and industry.

A writer in the *Popular Science Monthly* says the attempt to measure time by the metric system was a total failure. Why not measure time as well as the distance between two towns? Nothing but stupidity or obstinacy stands in the way. Divide the clock dial into ten parts; call the day one meter long instead of twenty-four hours. Each of the ten parts can be

called decimeters. Divide again into centimeters and millimeters. Put on two, three or four hands, as may be necessary, and the one hundred-thousandth part of the meter (one day) can be clearly indicated. Roman clock dials are divided into twenty-four hours; why not into ten decimeters and their metric subdivisions equally as well?

Again, what "rhyme or reason" is there in the arbitrary statement that every circle, from the celestial meridian to a pin's head must be divided into three hundred and sixty degrees? As meter means measure, why not say all circles are one meter, and then divide them into deci, centi, or millimeters as may be required? Other examples might be given proving the complete adaptability of the system to every department of science as well as industry.

It would be well if we knew where the weights and measures spoken of could be obtained; but any physician or any person of ordinary skill as a mechanic, after reading Dr. Oldberg's article, can make a set of weights which will not "turn in the estimation of a hair," as Portia said to Shylock, from the true metric, or as I prefer to call it, decimal system. Another question: Will some one inform your readers where decimal or metric clocks, as above described, can be obtained?

Canyonville, Oregon. C. H. MERRICK, M.D.

Tolerance of Hydrate of Chloral.

ED. MED. AND SURG. REPORTER:—

Dr. Frank Woodbury's article on "Chronic Chloral Poisoning," in the REPORTER for Nov. 9th, 1878, recalls to mind a case of great tolerance of hydrate of chloral without any bad results.

Several months ago I was called to attend Dr. Mc., aged about 30, who had been on a debauch for two weeks. Found him very much prostrated and on the verge of delirium tremens, but still rational enough to converse and tell me his condition, etc. I prescribed the following—

℞.	Hydrat. chlor.,	ʒiv	
	Potass. bro.,	ʒvj	
	Tr. valerian.	f.ʒij	
	Aq. cinnamon. q.s. ad	ʒiv.	M.

SIG.—Teaspoonful every two hours until quiet.

I remained with him until the medicine arrived, and gave him a tablespoonful, and directed him to take a teaspoonful in two hours, if he was not relieved. This was about 1 P.M. I saw him again at 4 P.M., and was much surprised to find him still awake and restless. Asked him if he had slept any; he said "No, and I don't feel anything like sleeping, but feel a little quieter." Asked him if he had taken the teaspoonful as I had directed. His answer not only surprised, but frightened me. "Yes, I have taken it all." I picked up the bottle, and sure enough, it was empty. He said that he had taken the last dose a half an hour before I came; consequently he had taken 240 grains of hydrate of chloral in three hours and a half, and still he was not sleepy. The only effects visible were an excessively rapid, irregular and intermittent pulse, hallucinations, confusion of thought, slight dyspnœa, flushed face, and intensely injected eyes.

I remained with him until 9 P. M., when he went to sleep, and slept, off and on, for thirty hours. He remained in his room for two days, and then started for his home, feeling no worse, nor no bad effects from his large dose of chloral.

The chloral used was an excellent preparation, and the prescription was prepared by a reliable druggist, consequently I am positive that my patient took 240 *grains* of chloral in *three hours and a half*, and without any bad results, He informed me that he had never before taken hydrate chloral. Very respectfully yours,

J. N. DIXON, M.D.

Springfield, Ill., Nov. 17th, 1878.

Yellow Fever—Is it Personally Contagious or Not?

ED. MED. AND SURG. REPORTER:—

Surgeon General John M. Woodworth uses the following language: "The weight of scientific evidence seems to warrant the conclusion that yellow fever is produced as an invisible poison, capable of *self multiplication* (italics mine) outside of the human organism, which it enters through the air passages." Again, he says, "It is capable of being transported in the clothing or (other) personal effects of passengers and sailors, but its spread from one city to another is chiefly accomplished by vessels, their damp filthy holds and bilge water being its favorite lurking places." And again, "Yellow fever is *not communicated from the sick to the well* (italics mine), the sick and well being only dangerous as possible carriers of the poison germs or miasm."

Frederic T. Roberts, M.D., B.SC., M.R.C.P., in his book on the "Theory and Practice of Medicine," uses the following language (1874):—

"It is by no means agreed upon, whether it (yellow fever) is due to malaria, or whether it is a specific disease propagated by contagion. Most authorities maintain the latter view, holding that the *true* fever is of the *continued type*, but that it may be simulated by some malarial fevers of a remittent character." There appears to be strong evidence to prove that the disease may be conveyed by infection, etc. Again, he says: "Fomites may be the means of propagating it." Here, then, are antagonistic views. The language of many other writers might be quoted on either side, but this shall suffice. When Surgeon Woodworth, as the representative of the non-contagious (personal) party says, the "invisible poison (of yellow fever) is capable of self-multiplication *outside of the human organism*," (italics mine) are we to infer that it is *only* thus multiplied, and not at all by the "human organism?" If that is the view, how are we to account for the rapidly fatal termi-

nation of so many thousands of cases? Can it be *possible* that the mere inhalation of a few "poison germs," into the "human organism," *without further multiplication* in it, can, like the poison of a serpent, so rapidly destroy its vitality?

On the other hand, if the "poison germs" rapidly multiply in the "organism" (as *leaven* in a lump of dough), their *destructive* effects would not be so astounding. But in that case another difficulty looms up, more extraordinary and unaccountable than the former, viz., that the poison germs of yellow fever may "multiply" in the "human organism," to its *entire* destruction (vitally), and those germs be propagated to *all* contiguous *inanimate* bodies, as clothing, bedding, furniture, and other "personal effects," but *not possibly* to another "human organism," *except* they have *first adhered* to the fomites mentioned. Then, indeed, do they become dangerous in the extreme! How astonishing the developments of science! The "human organism," dying or dead, but a *mass of poison yellow fever germs*, may not possibly communicate them to a living "organism," but to fomites, *ad infinitum*, and those fomites, in their turn, to "human organisms," without limit!

This reminds me of the historical fact, that for the first thousand years of the existence of the small-pox (as known to history), it was declared by the medical world to be "non-contagious." But "history repeats itself."

J. H. Nowlin, M.D.

Little Rock, Ark., Sept. 12th, 1878.

Imbedding of a Piece of Tooth in the Tongue, in a Case of Gunshot Wound.

Ed. Med. and Surg. Reporter:—

In the *British Medical Journal* for September 21st, 1878, there is mentioned the following case, reported by Bronstein: A Russian soldier was wounded in the mouth at Plevna, July 18th, 1877. Nine months subsequently he felt pain in the tongue, which was found to contain a foreign body. On extraction this body proved to be an incisor tooth, carried away by the ball.

On reading this, I was reminded of a somewhat similar case which came under my notice during the late civil war. Major S., of the Sixth Pennsylvania Cavalry, was riding across the field on the 7th of May, 1864, during the battle of the Wilderness, when a ball entered his mouth, through the right cheek, breaking away the bicuspid and anterior molar teeth of the upper jaw on that side, cutting a gash across the tongue, and shattering the left upper molar teeth, with their alveoli. Although stunned by the blow, Major S. was conscious of spitting out a mouthful of blood and pieces of teeth, among which the ball must have been, for it was never seen afterward, and the left cheek was not perforated. In four days he reached his home in this city, when I attended him. He thinks it was on the thirtieth day that he called my attention to a swelling and soreness on the upper surface of the tongue, where, he said, there had twice before been, at intervals of two or three days, a slight discharge of pus. Upon careful pressure I felt fluctuation, and opened a little abscess. Passing a fine probe through the orifice, I felt a foreign substance, which was at once extracted, and proved to be a piece of one of the teeth. It need hardly be added that the cavity healed up soundly at once.

Philadelphia, Pa. John H. Packard, M.D.

News and Miscellany.

A Permanent Scientific and Medical Commission.

On Saturday, November 9th, a committee appointed by the "Maryland Academy of Sciences," and approved by the "Academy of Medicine" and "Baltimore Medical Association," consisting of Drs. J. R. Uhler, C. C. Bombaugh and C. L. Oudesluys, waited on President Hayes, with the following memorial:—

To the President—The undersigned, a committee appointed by the "Maryland Academy of Sciences," most respectfully request you to transmit to Congress a message, asking an appropriation and authority to appoint a permanent scientific and medical commission, to study and report upon the nature, causes, treatment and prevention of yellow fever and allied epidemic diseases; said commission to consist of twenty or more members chosen from the ablest chemists, physicists, microscopists, biologists, naturalists and physicians in the country, with power to select from their own number any others, workers, in order that the disease may be systematically examined from different points of view, both by acclimated members on the spot, and others in the various laboratories of our country.

J. R. Uhler, M.D.
Charles L. Oudesluys.
Rev. John M. Holmes.
George W. Davidson.
P. G. Sauerwein.
C. C. Bombaugh, M.D.

During the conversation that ensued the following important points were made:—1. That the active intervention of men of trained judgment and special qualification is essential for success. 2. That the investigation should be commenced at once, before another epidemic occurs, in order that the usual healthy condition of the air, water, food, vegetable and animal life in the infected districts may be ascertained. 3. That the investigations should be made by a large number of specialists, in order that many new methods may be tried. 4. That a portion of this work can only be conducted in the various large laboratories of the country, hence a number of names of men possessing a national reputation, and connected with Harvard, Yale, the Universities of Michi-

gan, New York, Pennsylvania, Maryland, Louisiana, Bellevue Medical College, Cincinnati Medical School and the Surgeon General's Office, were suggested for appointment. 5. The importance of systematic efforts was discussed, and the committee left with the assurance that the memorial would be acted upon, and with the request of the President that it should be widely made known, in order that medical and scientific men may induce Congress to pass the bill.

The American Public Health Association.

This Association held its session in Richmond last week, under the presidency of Dr. Elisha Harris, of New York. There was a representation of nearly one hundred and fifty members of the profession, and a number of other gentlemen of eminence in sanitary science, and many valuable papers were presented. We have received a full report of the proceedings, which we are, however, obliged to postpone until our next issue, owing to the pressure of other matters upon our columns.

Plant Forms in Art.

Dr. J. T. Rothrock, of this city, has commenced a course of thirty-five lectures on "Plant Form and its Anatomy, as Applied to Industrial Art." The lectures are given on Friday evenings, in the rooms of the Pennsylvania Museum and School of Industrial Art, on North Broad street. Dr. Rothrock has developed a most interesting and novel branch of the application of exact science to the demands of art. By the process of maceration and double staining, and then projecting the magnified image on screens, he reveals to art students a new world, both of form and color. It is comparable to the kaleidoscope, but instead of set figures of geometrical outline, we have all the diversity and wealth of the intimate laboratory of nature herself.

Items.

—A committee of the Minnesota Legislature, appointed in February last to investigate charges of cruelty and mismanagement against the State Lunatic Asylum, have reported to the Governor. They find the charge of cruelty sustained in two cases. In one case, an unfortunate patient was choked to death by having solid food forced down his throat; in another, a woman was scalded to death by being "carelessly left in a bath tub." In addition to this, there is a "deficiency" of over $4000 in the accounts of Rev. A. H. Kerr, the Treasurer of the Hospital Board.

—Wet pepper, it seems, throws off great quantities of carbonic acid gas. On board an English steamer in a Chinese port lately, a quantity of pepper was taken on board, a part of which had been wet with rain. Next morning a Chinaman went into the hold and fell senseless. Four English sailors went down to render assistance; they, too, became senseless; and finally all five, after a ventilation of the hold, were found dead.

Personal.

—In the death of Mr. Thomas H. Powers, senior member of the large and widely known manufacturing firm of Powers & Weightman, drugs and chemicals, this community loses one of its most estimable citizens, and numerous charitable and benevolent organizations one of their most liberal and intelligent supporters.

—Some very bitter and unfair reviews of Dr. Allan McLane Hamilton's late work on nervous diseases have appeared in various medical journals, and Mr. Lea, the publisher, has done well to reprint a fair and complimentary notice of the book by Dr. J. Crichton Browne, one of the ablest of English neurologists, which substantially coincides with the notice which appeared in the Reporter.

MARRIAGES.

Morrison—Gould.—On Tuesday, October 29th, at Christ Church, Brooklyn, by Rev. A. M. Morrison, Dr. Sterling Morrison, of Peekskill, N. Y., and Marie Louise, daughter of the late J. E. Gould, of Philadelphia.

Neave—Bailey.—On the 14th instant, at Christ Church, by the Rev. I. N. Stanger, James L. Neave, M.D., of Fort Berthold, D. T., and Lizzie M. Bailey, of this city.

Pierce—Schnell.—In Brattleboro, Vt., October 10th, by Rev. M. H. Harris, Elihu Proctor Pierce, M.D., of Northfield, Mass., and Mrs. Emma E. Schnell, of Winchester, N. H.

Pihlman—Brailly.—On Thursday, October 24th, 1878, at the residence of the bride's parents, by the Rev. B. Grimm, Robert L. Pihlman and Regina Lucy, daughter of Dr. C. Brailly, all of this city.

Reynolds—Charlick.—On Wednesday, October 30th, 1878, at the Fifth Avenue Presbyterian Church, by the Rev. Dr. John Hall, Jessie, daughter of the late Oliver Charlick, and William M. Reynolds, M.D., both of New York.

Rossell—Wister.—At Philadelphia, on Thursday, October 31st, by the Rev. Dr. Furness, Clifford B. Rossell and Lily S., daughter of Caspar Wister, M.D.

Thompson—Tutt.—At Elizabeth, N. J., on Wednesday, October 23d, 1878, by Rev. W. C. Roberts, D.D., assisted by Rev. E. N. Crane, Lewis Thompson and Alice S., daughter of Dr. Wm. H. Tutt.

DEATHS.

Murphy.—On the 6th instant, Dr. John G. Murphy, at his late residence, Rising-Sun lane and Sixth street, Philadelphia.

Shunk.—In Philadelphia, on the 31st ultimo, Francis R. Shunk, M.D., only son of the late Isaac Shunk, in the fifty-fifth year of his age.

Sites.—On the 28th instant, after a lingering illness, Dr. Joseph Sites, of Philadelphia.

Steele.—In New York, on Tuesday, November 12th, Edward F., son of Dr. Edward G. Steele.

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CONTENTS:

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

MYERS, WORTHINGTON.—The Elevated Railroads of New York City as a Detriment to Health... 483

BULLOCH, J. G.—Anasarca Complicating Pregnancy—Felon..... 484

MILLIGAN, F. H.—Urinary Fistula Resulting from an Operation of Lithotomy Fourteen Years Previous—Spontaneous Exit of a Stone from the Fistula, weighing Two Ounces..... 485

HOSPITAL REPORTS.

Jefferson Medical College Hospital.—Clinic of Professor Gross.—Elephantiasis of Inferior Extremity.—Phagedenic Chancre.—Constitutional Syphilis in its Tertiary Form. Multiple Ulcers of the Extremities.—Cystic Tumor of the Face.—Sinus Following Syphilitic Abscess.—Fissure of Anus.—Scirrhus of Breast..... 486

MEDICAL SOCIETIES.

The American Public Health Association..... 490

EDITORIAL DEPARTMENT.

PERISCOPE.

Villate's Mixture in the Treatment of Sinuses... 495

Tests of Carbolic Acid, Cresylic Acid and Creasote..... 495

The Etiology of Diabetes..... 495

Inhalation of Carbolic Acid Spray in Phthisis.. 496

REVIEWS AND BOOK NOTICES.

BOOK NOTICES.

Habitual Drunkenness and Insane Drunkards (Bucknill)..... 496

Contributions to Operative Surgery and Surgical Pathology (Carnochan)..... 496

Human Osteology (Holden)..... 497

Diseases of the Bladder and Urethra in Women (Skene)..... 497

Observations on Some of the Operations of Chemical Analysis (Purnell)..... 497

Notes on Current Medical Literature..... 497

EDITORIAL.

THE INJURIOUS EFFECTS OF THE TOBACCO HABIT..... 498

NOTES AND COMMENTS.

Aphasia in Children..... 494

The Repression of Drunkenness..... 499

Oxide of Zinc in Diarrhœa..... 499

Can One Have Typhoid Fever After Forty?..... 499

On Nitrite of Amyl..... 500

An Improved Preparation of Ergot..... 500

The Use of Bael..... 500

Chloride of Calcium Pills..... 500

CORRESPONDENCE.

Mixed Methods of Instruction (Palmer)..... 501

The Germ Theory (Henning)..... 501

Croup and Diphtheria (Farnsworth)..... 502

Carbolic Acid in Small-Pox (Hendry)..... 502

Stricture of the Rectum (Morrison-Fiset)..... 502

NEWS AND MISCELLANY.

Bulletin of the Public Health, Issued by the Surgeon General United States Marine Hospital Service, for the Week ended November 23d 503

Governmental Relief in Epidemics..... 503

The National Quarantine..... 503

The Brooklyn Fasting Girl..... 504

Personal..... 504

Items..... 504

MARRIAGES AND DEATH..... 504

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THE
MEDICAL AND SURGICAL REPORTER.

No. 1136.] PHILADELPHIA, DEC. 7, 1878. [Vol. XXXIX.—No. 23.

Original Department.

Communications.

THE ELEVATED RAILROADS OF NEW YORK CITY AS A DETRIMENT TO HEALTH.

Read before the New York County Medical Society, September 27th, 1878,

BY WORTHINGTON MYERS, A.M., M.D.,
Of New York City.

Mr. President:—I have carefully read the petition in relation to the noise caused by the Metropolitan Elevated Railroad. I am free to say that the statements contained in said petition are in accordance with the result of an experience of eighteen years' practice, eleven of which have been devoted (in a measure) to the study of the nervous system and the diseases pertaining to it, their causes, etc.

I admit that noise of any description is at first disagreeable, even to those in good health, but how much more so, and even injurious, does it prove to those ailing, or if I may be allowed the expression, of an "hyperæsthetic temperament."

I also admit that it is an established fact that the nervous system becomes (in some cases) habituated, as it were, to sounds that at first seemed almost intolerable; but I am also free to assert that the noise or sounds produced by the running of trains on these roads is of that continuous jarring character which will eventually cause among those residing within its vicinity that degree of impoverishment of brain and nerve tissue which, while it is less perceptible in its immediate effects than sudden shock, is far more serious in its ultimate results.

I also consider it liable to produce certain changes in the natural state of the microscopic molecules of which the nerve substance is composed, whereby their healthy balance is lost and the proper generation of nerve and muscle currents interfered with. This state of disarrangement is known as molecular perturbation. Now, in my opinion, this is exactly what will be produced in those subjected to the noise of these roads, and will produce in them that artificial induction of these perturbations which will give rise to all the symptoms of nervous exhaustion, and engender a reduced condition of constitution, in which proneness to severe nervous affections is one of the most prominent as well as most serious defects; and if continued for any time, will set up all the symptoms of dementia, hysteria, dyspepsia, melancholia, chorea, etc. Now this class of affections are entirely due to these artificially induced perturbations, caused by this rapid succession of shocks, this jarring to and fro, and are entirely and totally distinct from the true dynamic reactions which, in the healthy molecular condition of the nerves, are produced in them by the ordinary exigences of existence.

I have been consulted by persons residing along the line and in the vicinity of these roads, engaged in various occupations during the day, and with scarcely a single exception they have complained of insomnia, headache, disrelish of food, etc., which symptoms have only manifested themselves since the running of the cars on these roads.

Now, as every effort of the mind and every action of the body involves the necessity for a discharge of nervous force—much as a Leyden

jar discharges its charge of electricity—and as every continuous exercise of the faculties requires a continuous succession of such discharges, it follows that as the generation of nerve force is produced by the act of nutrition (that is to say, that the establishment of a nutritive molecule and removal of an effete one, sets free a modicum of electricity, which, joining others, supplies the current), such process must keep pace with the discharges; hence bodily or mental exertion—be the calling what it may, professional, merchant, clerk, or seamstress—requires rest during the hours allotted for relaxation, which it is impossible to obtain in the neighborhood or along the line of these roads.

As loss of sleep is the most constant and distressing symptom in many nervous affections, its relief is one of the first effects appreciated by the patient. The importance of this fact can scarcely be overrated. Sleep is food for the nerves; its presence facilitates a ready adjustment of the molecular balance, a disturbance of which is the primary cause of nervous exhaustion, and all the conditions which follow in its train.

To such as have consulted me, I have given a warning that the early symptoms of insufficient nerve force and molecular perturbation in some of the nervous centres, are manifesting themselves, and that they will drift into a condition which will eventually undermine their mental and bodily powers, unless they turn the warning to good account, viz., *by changing their locality.* I have found the urine of these patients, in some cases, phosphatic, in others slightly charged with lithates, indicating clearly impoverishment of brain and nerve tissue, involving, in two instances, deficiency of elementary matter and disturbance of molecular balance.

What does this condition indicate? To my mind it is clear, viz., waste and malnutrition of brain and nerve substance, involving reduction in the power of or partial suspension of the healthy nerve currents, the presence of which is absolutely necessary for the proper performance of organic functions, and the anomalous feelings of these patients are true sensations, the jarring vibrations given off by a defective nerve current, like the broken wire of a stringed instrument.

It has been asserted that the nervous system soon becomes habituated to sounds that at first seemed almost intolerable, or, in other words, that persons residing along and in the vicinity of these roads would gradually become accustomed to the noise, so that no detriment to health or otherwise would accrue. Now some accept this as a *truism,* and are led to believe that it is only the effect of sudden shock, which produces severe, or in fact any form of mental or nervous disorder. To all such I say, let them reflect that as the continuous dripping of a few atoms of water on the hardest stone will eventually wear it away, so will the *slow* but *sure* influence of this noise prematurely wear away the nervous tissues, produce degeneration of the minute nervous structures, and induce all forms of neurotic disease, including cerebral softening itself. And this is the class with whom the neurasthenic constitution will originate, to be left as a legacy to their children, and their children's children.

ANASARCA COMPLICATING PREGNANCY—FELON.

BY J. G. BULLOCH, M.D.,
Of Morrison Mills, Florida.

I present to your notice an interesting case of anasarca complicated with pregnancy. I was called to see Mrs. ——, and found her suffering with abdominal dropsy; there was considerable œdema of the lower extremities. She was also pregnant. What was to be done in a case like this: a poor woman, deprived of the necessities of life; surely it was a bad outlook for her; but I began prompt treatment, and accordingly prescribed a diuretic of sulphate of magnesia and bitartrate of potassa, eight ounces each, a teaspoonful three to four times per diem, and increased the dose to a tablespoonful every hour. From time to time throughout, to promote rest, I gave her opium and extract hyoscyamus, the latter in itself a laxative and diuretic. I also gave her tincture of iron, and pills of Vallett's mass, nux vomica and gentian, to strengthen the system and reduce the excessively anæmic condition of the blood vessels and tissues. Her liver and spleen were much enlarged; no trouble about the heart. The discharges were watery. She continued in this state for some time, under the above treatment, for I did not care to bring on labor, nor did I expect any improvement until she gave birth to the fœtus. When I was away one night she gave birth to a fully developed child, born dead. There was no hemorrhage

to speak of, and the os possessed but little elasticity.

The treatment was continued the same as before labor, though I subsequently left off the sulph. magnesia, and gave powdered squills and bitart. potassa. As no great relief accrued from the diuretics it was thought best to perform abdominal paracentesis. After putting on the bandage, I introduced the trocar and canula and evacuated about a quart or more of water. I must have introduced the instrument fully one and a half inches before I could penetrate the cavity of the abdomen, so thick were the abdominal walls. I had forgotten my adhesive plaster, and had to make use of a piece of porous plaster, which soon came off, leaving the water free egress. I concluded not to put on any plaster at all, but let the bandage suffice; and thus did this case continue, with the fluid dripping, for two weeks, with nothing to cover the orifice except a piece of lint. There was no peritonitis, but rather an improvement, as the water began to disappear from the lower extremities and abdomen. I continued the diuretics. The fluid left the lower parts and accumulated in the right shoulder and arm, which became hot and painful, erysipelatous in character. I ordered poultices, which acted like a charm, and to-day the woman walks about, not well, tis true, but with the swelling gone, "the shadow of her former self." The swelling of her feet troubles her at night; she has some headache and an anæmic murmur at the heart; but I trust, ere long, she will fully regain her health, for she is vastly improved and would scarcely be taken for the same person. I have had another such case, which was not so fortunate; she gave birth to a four or five months' child; and sent for me too late to be of any service. In both cases I lay the prime cause to the continuous exposure to malaria, which weakens the system and unfits the liver and spleen to perform the duty which nature imposes upon them. I made no examination for albumen in either case, but did so in another one, and found no trace of kidney affection.

I would also add a short history of a case of bone felon. I was sent for to see a young fellow with a bad case of ulcerated finger, and found him so nervous as to require chloroform before he would let his finger be lanced. I saw but little encouragement to give him, as to whether his whole finger could be saved. I lanced the finger deeply and well, along its whole course, and ordered a warm poultice. Attention was paid to the state of the bowels, Dover's powder administered, to promote rest, cinchonidia, for fever, iodide potassa and iron, for blood.

While at the Roper Hospital, one day, in Charleston, S. C., I observed the case of a man whose hand I saw but little hope of saving, as the pus was burrowing all through the tissues, but Prof. Porcher had ordered his hand kept in tepid water all the time, by means of a vessel filled with water, above which was a frame, from which hung a cord which held the hand in such a position as to keep it slightly under the water. Recovery of hand. I had my patient's hand suspended in somewhat the same manner, with poultice on the finger, which had the double advantage of keeping the poultice warm all the time, and for nearly two days and the same number of nights was the water kept warm; the poultice was not on all the time, but the hand was kept immersed for the time mentioned above. Of course, no bacteria, to speak of, could get to the wound from the air, and in a measure the water might be said to act as an antiseptic. I found the water to cause the skin on the whole hand to die and shrivel, but no other trouble. The water acted well upon the wound; I then ordered solution chloride of soda, and the young fellow's finger was saved. I neglected, at first, to put a splint on the finger, and consequently, some contraction of tendons ensued, but by constant stretching of the tendons his finger is regaining its original position, and is of good use to him.

URINARY FISTULA RESULTING FROM AN OPERATION OF LITHOTOMY FOURTEEN YEARS PREVIOUS—SPONTANEOUS EXIT OF A STONE FROM THE FISTULA, WEIGHING TWO OUNCES.

BY F. H MILLIGAN, M.D.,
Of Wabashaw, Minn.

James R., aged twenty-two years, was referred to me by the County Commissioners, for admission to the County Hospital, in January last. I examined the case, and found what I thought was a stone, just posterior to the scrotum, from which issued urine, more than twice as much as came from the natural passage. The patient informed me that fourteen years previous, in New York City, when at the age of

eight years, he was cut for a stone. The cicatrix of a bilateral operation was apparent. About two years previous to coming under my charge he fell from a ladder and ruptured his perineum. A large abscess formed and opened, from which he recovered sufficiently to do work on railroads. Last December he had to abandon his work, and was confined to the house and bed all winter. The day after I saw him first, in January last, I was hastily summoned to a farm house where he was temporarily reposing previous to his admission into the County Hospital. When I arrived at the bedside of the patient I found he had passed a urinary calculus weighing two ounces. The poor fellow was highly delighted when I informed him that his testicles were all right, he thinking the calculus was one of his own stones, as he expressed it. The calculus I herewith enclose.

My theory of the case is this: when the operation was performed on this person, fourteen years ago, some portion of the calculus was overlooked. Being small, it impacted itself in the urethra. The fall dislodged it, and its descent to the posterior portion of the scrotum was the effort of nature to get rid of the foreign substance. The cavity from which the stone came indicated that it had been in that locality for some time, as it was lined with a dense, hard, cartilaginous substance.

The operation to close the fistula was performed at the Wabashaw County Hospital. I was assisted by Drs. Stone, Low and Tacker; there was also present Mr. Washburn, a medical student from Indiana.

Ether was administered, and the patient brought to the edge of the table and secured in the usual manner. A lithotomy staff was introduced and the fistula probed by all the physicians present. A fistulous opening was found to be nearly continuous with the urethra from the point of exit posterior to the scrotum, about half an inch at the prostated portion, and growing nearer as the fistulous canal entered the bladder. A director was inserted into the fistulous canal and the groove in the staff was formed, when a slight puncture was made into the urethra, and a bistoury, blunt at base and point, was introduced. All the tissue between the staff and director was divided, in to the bladder, and the hard, calculous substance removed.

The wound was sewed up, a catheter placed in the bladder, and retained twenty hours. The case progressed finely. About the fifteenth day the fistula was perfectly healed.

No catheter was introduced after the operation. And the patient was discharged, cured, in eight weeks.

To Dr. Stone and the other medical gentlemen who kindly assisted me I am under many obligations, especially for their advice in the after treatment of the case.

Hospital Reports.

JEFFERSON MEDICAL COLLEGE HOSPITAL.

CLINIC OF PROFESSOR GROSS, OCTOBER 5TH, 1878.

Elephantiasis of Inferior Extremity.

Gentlemen—This young girl, Annie T., nineteen years of age, presents for our consideration a marked condition of disease of the left lower extremity, extending up on the thigh. She is a domestic; has always resided in this country, and does not know of any of her acquaintances or relatives having suffered from a similar affection.

Four years ago she noticed that the left foot was swollen and thickened, but there was no pain attending the enlargement, nor was the skin discolored. Gradually this swelling increased, and extended up the leg, the disease being better in the winter than in the summer.

You see before you this enormous mass. The left leg is twice as large and heavy as the sound one; the skin hangs in folds over the dorsum of the foot. There is considerable heat of the skin here, which is perceived at once by placing my hand over the part, showing great activity of the circulation and nutritive processes, and proving that there is an increased amount of nervous force, as well as capillary congestion. Above the left ankle the leg measures eighteen inches, the right nine and three-eighths inches; around the middle of the left calf twenty-six and three-quarters, but only sixteen and a half around the right.

This is a case of great interest, not only from the pathological condition which it presents, but more especially from a practical point of view. Some of you recognize the affection at once as a case of so-called elephantiasis arabum. Rare in this country, it is more frequent in Asia, in Persia, in Africa and the East, particularly in China and Japan. It is also common in the West Indies, from whence it receives the name of Barbadoes Leg.

In some of the countries I have named the disease is by no means uncommon, but in the United States it is rarely encountered. It affects both sexes, but is more frequent in the male, generally making its appearance between

the age of puberty and forty-five to fifty. Although it may affect any portion of the body, it generally exhibits a preference for the lower extremities, either one or both of which may be involved in its course, beginning not uncommonly in the feet and then extending upward Occasionally, it occurs in the labia, clitoris, and in the genital organs of the male. Sometimes the scrotum is increased to an immense mass without affecting the testes. I have a specimen in the Museum of the College weighing forty pounds, which was removed from the genital organs of a negro, by Dr. Bozeman, of New York, who kindly presented it to me. Clot-Bey operated upon a similar case, for a tumor weighing one hundred and ten pounds. There is a specimen in a museum at Montpellier, France, weighing one hundred and sixty pounds.

This affection occurs more particularly in warm countries, and generally comes on without assignable cause. In many cases it is attributed by the patient to suppression of the cutaneous perspiration, from exposure to cold or wet. A circumstance in proof of this is the fact of its frequent existence where there are marshy regions or jungles, where the ground is constantly wet, malaria being also added to this cause. Thus, where the disease most frequently arises, we observe constant exposure of the subject to wet and cold, and the exhalations of malaria. However this may be, the disease gradually extends, until the mass attains an enormous bulk, as you observe in the present case.

Upon close examination, we find marked changes in the component parts of the skin. The scarf skin is thickened, but not so much as the deeper layer, which is remarkably altered in character. You notice that the skin is apparently horny, that its surface is rugose, fissured, and thickened, and that it has lost in a marked degree its sensibility. The rete mucosum we find to be thinned by the pressure, but its changes are by no means as marked as in the epidermis. In the true skin there is a great increase in the papillæ, and later in the disease enormous thickening occurs. The subcutaneous connective tissue is indurated, and its cells become distended with a peculiar substance, so that it has lost its softness. The muscles become attenuated, weakened, and by microscopic examination it is discovered that many of the fibres have undergone fatty degeneration. So far as we know, the periosteum and the bony structures preserve their natural condition. The arteries and veins are more or less hypertrophied in their walls, and increased in calibre; hence, they carry more blood to the parts, and favor the increase in structural development.

But greater changes occur in the lymphatic vessels or absorbents, normally constituting, as you know, a part of the component elements of the skin and connective tissue. Indeed, it is supposed, by some, that the disease consists essentially in a disorder of the lymphatic vessels, or the lymphatics and the veins, the affection beginning by the formation of deposits on the outside of the vessels, producing induration and diminution of size. There is a plastic deposit of lymphoid cells, which ultimately causes obstruction, so that the lymph cannot pass along the vessels and return from the extremity. Many of the veins also seem to be clogged up by this deposit, the effect being noticed more particularly in the small veins. The nerves are generally flattened by pressure, and are sometimes enlarged. As to the changes in the nervous fibrillæ, there is no uniformity, and dissection thus far has failed to throw any light upon the subject.

The increase in the size and weight of the limb is largely due to an effusion of plasma, especially in the cutis and connective tissue, in consequence of inflammation, subsequently becoming, by its partial organization, an integral and permanent part of these structures.

Now, what shall be done for the relief of this affection? This is a serious question for the patient. Looking upon it as an inflammation, commencing in, or affecting, primarily, the absorbents or small vessels, and ultimately invading every tissue except the bones and ligaments, we might think that this indicated the usefulness of antiphlogistic remedies, or such as we are in the habit of employing in ordinary cases of inflammation. Such applications, in truth, as the solution of muriate of ammonium or acetate of lead might be very serviceable in the earlier stages of the affection. The application of a bandage over the diseased part is found to be of great advantage, making firm and equable pressure, thus encouraging the absorption of the effused fluids. Dilute tincture of iodine may be painted over the affected area in cases of this kind, and I should expect great benefit from the use of very dilute biniodide of mercury ointment, rubbed upon the affected parts several times in the twenty-four hours.

But whatever remedy is employed, it should be aided by a judicious use of the bandage. You are well aware that when persistent pressure is made with it, a properly applied bandage becomes a powerful sorbefacient. In the treatment of inflammation of the mammary gland, or in orchitis, pressure by adhesive strips is of striking service, and in ordinary cases of inflammation of the lower extremity, attended with an effusion of plasma, it is constantly used with great advantage.

For the earlier stages, I should recommend this systematic compression above all other treatment. Then I should rely upon sorbefacient remedies, small doses of calomel or other preparations of mercury, with the local applications already suggested, and in a certain proportion of cases should expect to obtain good results. The treatment that we use in the tertiary form of syphilis, the mixture of iodide of potassium with bichloride of mercury, which is a valuable alterative, I might also resort to with the expectation of greatly benefiting my patient.

In 1851, Dr. Carnochan, of New York, ligated

the femoral artery for the first time, for the relief of this affection, with the idea of cutting off the supply of blood from the affected parts, and reducing the nutritive changes in the skin. This operation has been repeated in this and other countries, but so far as my observation extends, there has not been a single case in which the operation has been permanently successful. And, indeed, how could it be successful? the anastomosing vessels in the limb must soon reëstablish the circulation. We find, as you well know, in ligation of the femoral artery, for aneurism or other causes, that in a very hours the heat of the distal portion of the limb is higher than it was before the operation, showing increased activity in the circulation. This operation cannot, therefore, be supposed to be productive of more than temporary good when performed for the relief of elephantiasis. Rather more than a year ago Dr. Thomas G. Morton, one of the surgeons of the Pennsylvania Hospital, cut boldly down upon the sciatic nerve, which he found enlarged and thickened, and excised a portion of its trunk, with the view of so affecting the nutrition of the parts below as to lead to a reduction in the size of the limb. The wound readily healed. After the expiration of about two months, the patient having been seized with inflammation of the lungs, he became greatly emaciated, and the adipose tissues over the entire body underwent reduction. There was a great diminution in the size of the affected limb. The man subsequently died, if I mistake not, of pulmonary trouble. There was some loss of sensation and motion after the excision of the nerve, but much less than would be expected; certainly nothing to affect or detract from the success, should this be brought about. From the gravity of the affection the operation seems to be perfectly justifiable, if it can be shown, by future experience, to check the disease.

In a case like this, ordinary means are out of the question; nothing can be accomplished with them; therefore, a desperate remedy might be justified. Amputation would appear to be warranted, and has been performed in cases where the disease was confined to one lower extremity.

We notice that the other leg is slowly affected in some patients, but in the vast majority of cases the disease is confined to one side. When the disease becomes stationary, or has attained a high degree of development, it is much less likely to yield to local treatment.

When referring to the treatment of elephantiasis, I should have mentioned the fact that Dr. Addinell Hewson, of this city, in a case at the Pennsylvania Hospital, obtained very good results from the application of dry earth, applied by a Scultetus bandage. I subsequently saw the case, at his invitation, and observed that the earth treatment caused the softening of the epidermis, so that it peeled off in large flakes; it undoubtedly produced temporary benefit, combined, as it was, with pressure by a tight bandage and absolute rest in bed.

Phagedenic Chancre.

This patient, a colored man, aged twenty-four, contracted this sore upon his penis, from connection with a white woman. You notice that a considerable portion of the head of the penis is destroyed; the remainder is indurated, and the seat of a large excavated ulcer, covered by patches of spoiled lymph, and discharging thick pus; there is no bubo. As far as I can see there are no secondary symptoms; the skin is not invaded. This is a hard chancre, and it is very surprising to me, considering the duration of the case, that there are no buboes or evident constitutional symptoms. There is no mystery about this case; it is simply a venereal sore, the result of impure connection. The diagnosis between epithelioma and chancre is sometimes attended by difficulty, but there can be no question about it here.

What shall be the treatment? You notice that the ulcer is excavated and disinclined to heal. I would recommend that the penis be bathed three or four times a day, in a tin cup containing warm water, in which a little table salt has been dissolved. In the intervals it may be enveloped in an elm poultice, wet with a weak solution of acetate of lead. The sore should be touched twice daily with a solution of nitrate of silver, fifteen grains to the ounce. In the next place we shall put him upon—

℞.	Hydrarg. chlorid. mitis,	gr.j
	Pulv. opii,	gr. $\frac{1}{3}$
	Extract. hyoscyami,	gr.j
	Antimonii et potassii tartrat.,	gr. $\frac{1}{12}$ M.

In a pill, to be taken every five hours, as an alterant and a depressant, to be continued until there is slight ptyalism.

Attention should also be paid to his diet, which should be restricted to plain, simple food. For the present he should remain in bed; the penis elevated, on the same principle that we keep a finger elevated when it is the seat of a felon. The local treatment of warm water impregnated with common salt will serve as a detergent and stimulant, while the emollient poultice will favor the granulating process.

This is a bad sore, but, what is worse, he will be sure to have his constitution invaded. The period has passed by for the appearance of the ordinary secondary symptoms, but he will be sure to have tertiary symptoms, sooner or later.

Constitutional Syphilis in its Tertiary Form. Multiple Ulcers of the Extremities.

Mrs. Ann B., twenty-eight years of age, married nine years. I wish to call your attention to this woman's foot. You notice that along the whole inner surface, around the ankle, especially toward the heel and on the sole, there are a number of ulcers, covered with white or gray lymph; some are circular and some ovoidal, but they all have elevated edges, as if cut out with a punch. The discharge is thin, sanious and ichorous, not of the nature of

healthy pus. She says she has pain at night—please notice this point—and it is worse in wet weather. There is some disease of the right foot also, and an eruption upon the arm, which became affected after the foot. There are ulcers on the outer aspect of the arm, smaller than those on the lower extremities, but of the same general character. She has no alopecia.

The disease has been in the foot for eighteen months; at first it was papular, but subsequently became ulcerated.

You anticipate me in saying that this affection is specific in character; a case of tertiary syphilis, manifesting itself in the form of indolent ulcers on the skin.

Ulceration of the skin is very common in the tertiary form of syphilis; so also is destruction of mucous membrane, particularly the lining membrane of the nose, throat, and larynx. The skin and mucous membranes, the cartilages, the synovial membranes of the larger joints, even the bones, are not secure from its invasion. In the secondary form we have mucous tubercles in the tonsils, pharynx, soft palate, or lips, associated with a papular or erythematous eruption and iritis. These rupial ulcers belong to the tertiary stage. I have not inquired into the early history of this case; I have not asked how she contracted this disease, whether from her husband or some other person, for it is not necessary for me to know how it was acquired. The disease speaks for itself. There is no doubt, whatever, that these ulcers are of a specific character, and I shall treat them accordingly.

There is one point in the diagnosis to which especial attention should always be paid; it is *the aggravation of the pain at night, in syphilitic affections.* This is the rule. When a person is laboring under the constitutional form of syphilis, no matter in what portion of the body the disease manifests itself, he always suffers more at night, and in moist or damp states of the atmosphere. Why this is so we cannot explain, but such is the fact.

This woman came here a week ago, and has certainly improved under the following prescription:—

℞. Potass iodid., gr.x
Hydrarg. bichlorid., gr.$\frac{1}{10}$
Syr. zingiberis, f.℥ss
Aquæ, ad f.℥ss. M.

Sig.—Taken three times in the twenty-four hours. As a local application she may use—

℞. Liq. hydrarg. nitratis, f.℥j
Aquæ destil., f.℥iss. M.

Pure nitrate of mercury is entirely too strong for ordinary purposes.

Under this treatment the nocturnal pains have decreased, and her appetite and general condition have sensibly improved. This shall be continued, but the ulcers shall now be touched with a weak solution of nitrate of silver, and afterward covered with cotton wadding saturated with a solution of nitrate of lead, ten grains to the ounce of water. The diet shall be restricted, and the bowels kept open.

The iodide of potassium forms a valuable alterative in this combination, which is one that I constantly use. There are three iodides which we may consider as specific in the treatment of syphilis, at least, as far as the temporary effects are concerned; they are the iodides of sodium, ammonium, and potassium. Their properties and alterant effects are about equal; the dose is the same, about ten grains three times a day, given in solution, made pleasant by the addition of syrup of orange peel, or something of this kind. In addition, I am in the habit of ordering a small portion of bichloride of mercury, to aid the alterant effect. You may say, as chemists, that these salts are incompatible, but experience tells me that the *tertium quid* is quite as good as the original articles. The stomach is a chemical laboratory, and doubtless chemical changes occur in most of our remedies, which, however, does not interfere with their effectiveness, but may, on the contrary, increase it in a manner that we do not understand.

Cystic Tumor of the Face.

This woman, forty years of age, has a small growth upon her chin, under the left angle of the mouth, which, she states, has existed for seven years. It is without pain, and there is no discoloration of the skin.

It is sometimes difficult to decide as to the exact nature of a tumor previous to removal, and in very many cases you cannot be absolutely certain of your diagnosis.

This seems very much like a sebaceous cyst. It is not an abscess, and it is too superficial to be an enlarged lymphatic gland. I think it is a sebaceous tumor, but on introducing the knife I find that I was in error. It is a cyst, but simple and not sebaceous. I shall have to dissect out this growth very carefully. If the smallest portion of the secreting surface be left behind it would be sure to determine its reproduction. The wound is closed with a single suture.

This cyst felt very hard. It had none of the characteristics of a lipoma, or fatty tumor, but all the appearances of a sebaceous cyst, and was well calculated to deceive. The stitch will be retained for three or four days, at the end of which time it may be removed. We must caution our patient to avoid cold, and to be very careful, or she may get erysipelas, which may follow the most trifling operation. A man may die from the bite of a flea or a mosquito. There is always more or less danger after every operation, however slight, and patients should be warned to be very careful about exposure, both directly afterward and for a few days following.

Sinus Following Syphilitic Abscess.

This young man, twenty-six years of age, was before you a few weeks ago, on account of several ulcers on the lower part of the abdomen, and on both the inner and upper sides of the thigh, with

sinuses extending as far up as the pubic bone. Whether this bone is really affected or not I am unable to say, but it does not feel particularly rough to the probe.

Last February, he tells us, this abscess was lanced, and it now appears evident that it was produced by the softening of a gummy deposit. The sinus extends up behind the urethra. I will now lay it open, as far as I dare, and dilate the rest with a sponge tent, to keep the parts from contracting, and make the sinus granulate from the bottom. He is on the ordinary specific treatment.

Fissure of Anus.

This man has a fissure of the anus. This affection is of interest, from the amount of pain which accompanies an apparently insignificant lesion. By this name we do not mean a fissure or crack at the side of the anus, which is what is implied by the term anal fissure, but an ulcer, generally situated just inside of the anus, in the grasp of the sphincter muscle. It is interesting, not only from its insignificant size, position, shape and depth, but also from the great discomfort it occasions. It generally appears on the posterior wall, toward the sacrum, but is sometimes in front or at the side. The pain occasioned by it is so great, and continues so long after defecation, that the sufferer goes to the water-closet with reluctance, as he expects to suffer torture, and puts off the act as long as possible. Constipation naturally results. The pain continues from six to fifteen hours afterward, or even during the whole twenty-four hours, and renders the patient utterly wretched, and worthless for any occupation, during this period. It completely unnerves and unmans him by the anguish it causes.

The disease is not specific; it is not cancerous, nor scrofulous in its character, but a simple superficial ulcer, appearing without any appreciable cause. It may come on at any period of life; it occurs in either sex, but more often in the male than in the female.

There are several modes of examination. It is immaterial whether the finger or the speculum is used, for the history of the case is generally sufficient to show its nature.

In regard to the treatment, Boyer, who wrote a treatise on surgery, in eleven volumes, and who flourished in the early part of the present century, was the first to call this sore by the name of fissure of the anus. The operation he recommended was the division of the sphincter muscles, thus placing the parts in repose and allowing the fissure to heal. The constant contraction of these muscles keeps the wound open and renders astringent applications of no value. I was formerly in the habit of scarifying the ulcer with the bistoury, making a slight effect upon the muscles; but during the last fifteen years I have depended solely upon stretching the sphincters. This procedure temporarily paralyzes the muscles and allows the ulcer to heal under ordinary applications. Dipping both thumbs in oil they are carried into the anus and the parts thoroughly stretched. As the operation is very painful an anæsthetic is required.

[The patient returned a week later and stated that his bowels had been moved daily since the operation, and that the motions had been absolutely without pain]

Scirrhus of Breast.

Mrs. W. was before you at the last clinic, for cancer of the breast in the stage of ulceration, and she has returned to-day for operation. I shall be obliged to remove a considerable portion of the integument, and perhaps part of the pectoral muscle. You should never unnecessarily sacrifice tissue, but must, nevertheless, remove, as completely as possible, all the diseased portion. A large incision, as you know, must heal by the granulating process, while one that admits of approximation of the edges may close by first intention.

Having administered chloroform, the breast shall be included between two elliptical incisions. We do not stop to tie the arteries, as they are divided, but simply compress them with the fingers until the gland is removed. The incision is extended toward the axilla, so as to reach any enlarged lymphatics affected in the same manner as the mammary gland itself. We do not dissect the glands from the adipose tissue in the deeper parts of the axilla with the point of the knife, but rely principally upon the finger nail for taking them out. The reason for this is obvious, on account of the danger of injuring the axillary vessels and nerves. The surface of the great pectoral muscle is exposed, but appears healthy. The gland is in a marked condition of cancerous infiltration. The edges of the wound will be brought together as soon as all oozing has stopped, and a compress of sweet oil shall be applied. A full anodyne shall be given at once, and the patient kept in bed for the present, with tonics and a supporting diet.

Medical Societies.

THE AMERICAN PUBLIC HEALTH ASSOCIATION.

FIRST DAY.

The convention held its opening session at Mozart Hall, Richmond, Nov. 19th. Dr. Elisha Harris, of New York, president of the Association, called the convention to order, and introduced the Rev. Dr. Peterken, who opened the proceedings with prayer. Dr. Harris then presented Governor Holliday, of Virginia, as the presiding officer of the convention for the evening. Governor Holliday proceeded to address the Association, extending to the members, on the part of the people of Richmond and the State a hearty and cordial welcome to the hospitalities of the city. In conclusion, he said—

Coming from every section of our common country, bringing your learning and culture,

your experience and earnestness, you will imbibe that gentleness and affection that are the very genius of unity, and when you go to your homes, wherever they may be, you will carry with you that feeling of fellowship that is stronger than political or sectional bonds. Here, in this beautiful city, which was lately the heart of convulsion; here, where honest, fearless men and women strove even unto death; here, where suffering of warfare was endured that will never be known till the great future, when all hearts will be revealed; here, where prayers were offered that need not be blotted even by the tears of the recording angel; here you have come together, from North, South, East and West, as one brotherhood, to show by your words and deeds how peace hath its victories no less renowned than war, and how we can, by the divine instincts of our nature, make our Republic one, and what she ought to be—the mother of a mighty race.

Professor J. L. Cabell, M.D., of the University of Virginia, followed Governor Holliday, introducing the president of the association, Dr. Elisha Harris, of New York.

Dr. Harris recommended that this session should bring into closer apposition in its councils still larger resources, both in membership and in methods, and in actual undertakings. He recommended, among other things, the maintenance in each State and territory of a system of periodical reports, weekly, monthly and yearly, of all epidemics and other prevalent diseases, to be approved by the State Board of Health, and where there are no such boards by resident members of the association designated for the purpose, all studies and reports to be on a method of yielding comparable results; the studies of meteorological and atmospheric conditions, with reference to epidemiology and health; the maintenance of a committee for the study of, and consultation with regard to, biological and anthropological investigations, including the contributions from the census, and other national and State systems of registration; the introduction of a clause in the constitution of this association to provide for editorial and supervisory duty in the publication and diffusion of sanitary information; a formal recognition of both national and international obligations in the work of this association by means of correspondence with State, national and international sanitary authorities, especially to conduce to the researches that are already in progress in Europe in regard to pestilential diseases and their contagia.

Regarding the yellow fever, he said: We offer no theory, we utter no dogma, but we do believe that scientific investigation can gain the mastery of this destroyer. All the States liable to be visited by yellow fever are gathering with us in council. These pestilences indicate the various deep-seated wrongs and neglects, vices and errors of the people. Whenever the human race is in such a situation as to lose its strength, courage, liberty, wisdom, lofty emotions, the plague, cholera or fever comes, not committing havoc, perpetually, but turning men to destruction, and then suddenly ceasing. As the lost father speaks to his family, and a slight epidemic to a city, so the pestilence speaks to nations, in order that a greater calamity than the untimely death of the population may be averted.

Surgeon General Woodworth then addressed the board, detailing the progress of the yellow fever in the Southern cities. The Commission, he said, will bring facts only—facts gathered by patient, careful inquiry made from city to city and from house to house. The work is not yet completed, and it will not be abandoned until all of the facts possible to be obtained are gathered, either by the present Commission or another enlarged commission, as this Association may advise or Congress direct.

Dr. Steiner, of Frederick City, followed, and Dr. Bemiss, President of the Commission, related incidents of the scourge. He said that, should any charitable people be willing to adopt orphan children they have only to address the president of the Commission to learn where there are troops of them left dependent.

SECOND DAY.

Previous to proceeding to the regular order of business the president laid before the association a letter from Governor Porter, of Tennessee, regretting being unable to attend, on account of official business, assuring the Association of his active sympathy with the noble work in which they are engaged, and extending and invitation to hold the next meeting at Nashville.

After some routine business Dr. Bemiss, president of the Yellow Fever Commission, read the regular report of the commission.

The report says that Dr. Cochran joined the chairman of the Commission in New Orleans on the 4th day of October, and Dr. Howard arrived the 6th of the same month. Nearly two weeks elapsed before the Commission was ready to take the field. The first cases which occurred in New Orleans are then discussed by the report. On the 23d of May the Emily Souder arrived at New Orleans with her purser sick at the time of her arrival. This man, whose name was Clark, was carried to Claiborne street. At this house he died, on the 25th of May. Another of the crew, by the name of Elliott, took sick May 24th, at the corner of Girard street and Front, from which place he was taken to the Hotel Dieu, May 27th, and died on the 30th. Enough was developed to render it probable that a connection, as yet untraceable, exists between the cases of Clark and Elliott and the first cases among the citizens. We obtained a sufficient amount of testimony to justify a belief that one or more cases of yellow fever had occurred in the city, probably in the month of June, under circumstances which rendered it altogether possible that they had been brought to the city by conveyances as yet unknown.

The appointment of Colonel Hardee as Sanitary Engineer, enabled the Commission to begin field work, and they left New Orleans on the

22d and 23d of October. The report then describes the routes taken by the physicians. Every point of testimony which could throw any light upon the origin of the sickness of the first cases was carefully sought for and faithfully put on record. We located the houses in which cases had occurred, until as large a number of cases had been placed upon maps as was possible to obtain in the short time allotted for the work. The sanitarian can look upon these maps and see for himself the precise location of the earliest cases of an epidemic. He can determine what influence occupation of the same locality exerts upon the spread of the disease. He can see for himself how invariably yellow fever tends to arrange itself in groups of cases, and thus observe its marked contrast with the tendency of malarial fever to occur in separate, disconnected and totally independent cases. He can also study for himself the influences of filth, bad drainage or unsanitary situations, and of elevations and depressions of surface. In respect to the sanitary condition of the towns visited, we have to report the same character of neglect and violation of laws of health common to all, or nearly all, the inland towns of the United States. These are neglect of drainage, inattention to deposits of fetid matter and refuse animal and vegetable matter, and inattention to the purity of drinking water. The violations of sanitary rules in each of these particulars are given without reserve, in respect to all the visited towns, except New Orleans.

Dr. Cochran, of the Commission, then read a paper giving a detailed account of the fever at Grenada, at which place the investigation showed the intensely infectious character of the disease. Dr. Lloyd Howard, of the Commission, read the report of his investigations at Baton Rouge. He also read several reports of investigations in towns on or near the Mississippi. Dr. Bemiss also read reports of results of his investigations at Canton, Miss.; Port Gibson, Miss.; and Brownsville, Tenn. At the night session the president submitted the following resolution, among others, as coming from the executive committee, which body is authorized to prepare business:—

Resolved, That a committee be appointed by the President, to whom all resolutions and motions relating to proposed action by the general government of the United States shall be referred, without debate. The committee to report to the executive committee, and to consist of seven members.

Dr. Bemiss gave a detailed history of the fever at Lake, Mississippi; Yazoo city, Mississippi; Milan, Tennessee; and Vicksburg. He was followed by Dr. Cochran, also of the Commission, who gave a similar history relative to Holly Springs, Decatur and Grand Junction.

THIRD DAY.

After the usual preliminaries, Col. Hardee read his report, explaining the topography and sanitary condition of New Orleans. He stood before a map of New Orleans and pointed out the different locations to which he referred from time to time. The Colonel, in his report, said that as New Orleans is supposed to be the great central point from which radiated the recent epidemic scourge, it has been deemed that a brief description of its position and topographical surroundings would be interesting and important. There is no large city in the United States where there is so much demand for sanitary work, and where at the same time the natural disadvantages are greater than in New Orleans. The lands in the alluvial region of the Mississippi are divided into three distinct kinds, or may be classified under three distinct heads, namely: the highest or cane lands, interior or open swamp lands, and the lowest or cyprus swamp basins. The lands of the first class are found upon the banks of the rivers and the interior bayous, and are covered with a thick growth of red cane, and consequently are designated as cane lands. The lands of the second class, or the open swamp lands, commence where the cane lands cease, and extend to the edge of the lower swamp basins; and then, in order, come the cyprus basins, upon which water permanently stands.

The speaker also referred to a profile showing a cross section of the land between the banks of the Mississippi and Lake Pontchartrain, running through the heart of the city. It was shown that the high water mark in the Mississippi river was 16 feet above the main tidal level of Lake Pontchartrain. It was further shown that the intervening ridge, known as the Metairie ridge, is about 12 feet below the same high water mark; that there is a basin of low land answering the description of the second class of lands above enumerated, between the Metairie ridge and the banks of the river, which is about 14 feet below the high water of the river; also that beyond the Metairie ridge, and between it and Lake Pontchartrain, there is a belt of cyprus swamp, on nearly the same level as the water of the lake, and which was designated by Colonel Hardee as a pestilential cave around the vital parts of the city. In addition to the threatened overflow from the Mississippi river, from which the city has to be protected, the waters of Lake Pontchartrain are often raised several feet above their normal level during the prevalence of southeasterly gales, which frequently bring the waters into some of the inhabited districts of the city; therefore the city has a double protection to look out for. The present system of drainage was represented as being circumscribed, on account of embracing only about one-half of the superficial area within the city limits, or that district lying between the Metairie ridge and the banks of the river.

A great many other points in regard to the sanitary engineering of the city of New Orleans were touched upon by the speaker and illustrated by his system of maps, all to the end of showing the necessity of sanitary reform in this great southern city. The speaker also re-

ferred to the fact that although the sanitary condition of New Orleans is not such as could be desired, yet this recent epidemic of yellow fever was more virulent and prevalent to a greater extent in parts of the city that were entirely paved and well drained, than in those parts where even it was proved that garbage was thrown upon the streets, and in the immediate vicinity of lowest canals and drainage reservoirs.

Col. Hardee was followed by Dr. Choppin, President of the New Orleans Board of Health. He gave a history of the introduction of the yellow fever into New Orleans in different epidemic years, and showed that it was always imported. He contended for absolute non-intercourse with infected countries from April to November, as he was satisfied modified quarantine was not sufficient to prevent the disease. Dr. Choppin's paper was full of interesting facts and incidents, and was attentively listened to.

Dr. William G. Austin, of the New Orleans Board of Health, followed Dr. Choppin. He gave facts from the yellow fever epidemics prior to this year, going back as far as 1839. In that year it was clearly proved, by eminent men, that the disease was not of local origin, but was imported. The cause of it, like all zymotic diseases, is unknown, and instead of taxing our brains to find out what it is, we will find it more profitable to ascertain its habitat, its habits, its infectious and contagious character, its portability, and, last of all, how to prevent a repetition of epidemics. By the laws of exclusion only can we hope to prevent its introduction into our country, as well as its migratory habits after it is introduced. The doctor said we would have to acknowledge the insect hypothesis, as advocated by Lionel, Beal and others. It is killed, like insects and hot-house plants, by a temperature of 32 degrees Fahrenheit. It cannot live when the banana is cut down by the cold of winter. Hence it hibernates in the mild winters of the South, as it did in 1873, 1874 and 1875, in New Orleans, having been brought there the previous year by the ship Valparaiso. In a practice of thirty-five years in New Orleans, La., and Mississippi, he was satisfied that in not a single instance had the yellow fever originated there. It is indigenous to the tropics, and non-intercourse during the spring and summer was the only way to prevent its introduction into our country. If non-intercourse had been ordered fifty years ago the population of New Orleans would now be trebled.

Prof. Richardson, of Philadelphia, read an interesting and valuable paper on the results of his microscopic investigation of the blood of yellow fever patients, and Dr. White, of the Marine Hospital Service, read a paper on the same subject.

A very interesting paper upon the subject of "How to Study an Epidemic," was read by G. M. Hunt, M.D., of New Jersey, and one upon Sanitary Responsibility was read by J. G. Thomas, D.D., of Savannah.

After the papers had been read, the following resolutions were adopted:—

Resolved, That the several committees appointed to report on the communications made by the Yellow Fever Commission be considered, and they are hereby instructed to consider all those communications, as merely preliminary verbal statements, and not as formal reports or papers presented to the Association.

Resolved, That the chairmen of these several committees are hereby constituted a separate committee, and directed to prepare, with the least possible delay, a few brief, clear propositions with regard to the cause and best methods of prevention of yellow fever, to serve as a basis for discussion in the body of the Association.

Dr. Deering J. Roberts, of Tennessee, offered the following resolution:—

Resolved, That this Association earnestly recommend the establishment of a Chair of Public Hygiene in every medical institution in the United States.

Dr. R. W. Mitchell, of Tennessee, submitted the following, which was adopted:—

WHEREAS, There has been founded in Washington, under the direction of the Surgeon General of the United States Army, one of the most valuable medical and sanitary libraries in the world; and, whereas, there has been prepared, under the same direction, the manuscript index catalogue of this library, which if published, would more than double the practical utility of the collection, and would be of the greatest value to all medical men and sanitarians, even if the library itself were not in existence; therefore,

Resolved, That a committee of five be appointed to urge on Congress the immediate publication of this catalogue, setting forth that such publication, in the opinion of this Association, is one of the most important steps which can be taken by the general Government to promote the interest of sanitary science, and aid investigation into the causes and prevention of diseases.

FOURTH DAY.

At the morning session the Executive Committee reported that the invitation of Governor Porter, of Tennessee, for the Association to hold its next session at Nashville, had been accepted. The Association then proceeded to the election of officers for the ensuing term, with the following result:—

President, Professor J. L. Cabell, M.D., of the University of Virginia; First Vice President, Surgeon J. S. Billings, U.S.A.; Second Vice President, Samuel Choppin, M.D., of New Orleans; Treasurer, Dr. Henry B. Baker, of Michigan; Executive Committee, Dr. C. B. White, of New Orleans; Dr. T. J. Turner, U.S.N.; Dr. Ezra M. Hunt, of New Jersey; Dr. J. D. Plunkett, of Nashville; Dr. C. F. Folsom, of Mississippi, and Dr. C. N. Hewitt, of Minnesota. Secretary E. R. Janes, of New York, holds over another term.

At the evening session the executive committee reported several names for election as members of the Association, and among them Governor Carroll, of Maryland, and Mrs. Elizabeth Thompson, of New York. A committee was appointed to urge upon the special committee of Congress now engaged upon the organization of the next census the great importance of collecting certain specified facts relating to the health of the people. Several propositions were adopted, among them the following:—

That the yellow fever of 1878 was a specific disease, not indigenous to or originating spontaneously in the United States, and its appearance in this country during that year was due to specific causes; that quarantine, established with such rigor and precision as to produce absolute non-intercourse, will prevent the importation of specific causes of yellow fever; that it is the duty of the General Government to appoint a commission of experts to make a thorough investigation of the causes of yellow fever.

In the discussion of these propositions, Medical Inspector Albert L. Gihon, now stationed at Annapolis, said: I desire to put on record the experience, and opinion based on that experience, of the medical officers of the Navy, whom I am here to represent, by the authority of the Navy Department. I believe these to be the unanimous opinions of my colleagues in the Medical Corps. If there are any who dissent from them, I have never met them.

First. The yellow fever ship is always a foul ship.

Second. Foul ships, while often generating by their filth other endemic diseases, have never yellow fever *de novo*.

Third. When a foul ship visits a port where yellow fever prevails, communication with that place will cause the development of yellow fever aboard that ship.

Fourth. A clean ship may visit a port in which yellow fever is prevalent, and by rigorously abstaining from communication of any kind with that port, will escape yellow fever contamination.

Fifth. When yellow fever appears on board a vessel, the only safety for the crew is to get them out of the ship.

Sixth. The sick can also be removed from the vessel with entire impunity to those among whom they are removed.

Seventh. Nurses and attendants upon the sick with yellow fever aboard ship are not more liable than other occupants of the vessel to contract yellow fever.

Eighth. When the yellow fever appears aboard a vessel, it is possible to imprison it by battening down the hatches, carefully calking every possible outlet for emanation from the hold and lower decks, and by requiring the crew to live and sleep in the open air on the spar deck, and abstaining from using food, water, clothing, etc , which has been below.

Ninth. If this vessel is removed to a place where bad sanitary conditions prevail, and any of its contents are discharged, it will inevitably disseminate yellow fever.

Tenth. It is believed that in places to leeward currents of air from such an infected vessel will cause the appearance of yellow fever in such places.

Eleventh. Freight, food, baggage, clothing, etc., cannot be safely removed from infected vessels until they have been exposed to the prolonged continuance of extreme cold weather.

Twelfth. No vessel on which yellow fever has prevailed can be safely inhabited until after such exposure.

Thirteenth. It is believed, but not entirely demonstrated, that permeation by dry, hot air or steam will destroy the germ of yellow fever.

In conclusion, "I would state that yellow fever is due to a specific living germ—the vitality of which may be impaired or destroyed by extreme frosts, and which rapidly propagates itself when deposited in a nidus of visible or invisible filth."

The Chair appointed the following Committee on Appeal to the Medical Profession of the United States, for funds for the relief of widows and orphans of physicians who died while serving in the epidemic: Dr. Chas. N. Hewitt, Red Wing, Minn.; Dr. R. W. Mitchell, Memphis, Tenn.; Dr. Wirt Johnson, Jackson, Miss.; Dr. C. B. White, New Orleans; Dr. Stephen Smith, New York city; Dr. L. H. Steiner, Frederick City, Md.; Dr. T. L. Neal, Dayton, Ohio. The post-office address of each member of the committee is given, to enable all who wish to communicate information, etc.

Dr. Snow offered the following, which was adopted.

Resolved, That the heartfelt thanks of this Association and of the whole people of the country are due to Mrs. Elizabeth Thompson, of New York, and to other philanthropic individuals and associations who, by their liberal contributions, have enabled the Yellow Fever Commission to prosecute its investigations, and also to those who have been concerned in organizing the work of the Commission, and in presenting the result of its work to this Association.

Aphasia in Children.

Dr. A. Schwarz relates, in the *Deutsche Archiv. für Klinische Medicin*, Band xx, the case of a normally developed little girl, three years old, who, during convalescence from an attack of measles, was suddenly seized with loss of speech and paralysis of the extensor muscles of the right arm. The right leg was unaffected. After a few weeks the paralysis improved, and the child learned to speak as if she had never spoken before. Considering the peculiarity of the manner in which speech was regained, Schwarz asks whether the right half of the brain did not gradually assume the functions of the left half, which had been impaired.

Editorial Department

Periscope.

Villate's Mixture in the Treatment of Sinuses.

A report from the Charity Hospital, New York, in the New York *Medical Journal*, states that several deep sinuses have recently been under treatment in the surgical service, in which no necrosed bone could be found, but which proved intractable to heal. Villate's mixture was tried, first of half strength, then of full strength. In some of the cases it proved of value, in others it failed partially or completely. The case in which it proved of most service was one of deep sinus in the neighborhood of the hip joint. The original composition of the mixture was—

℞.	Liq. plumbi subacet.,	℥j
	Zinci sulph. cryst.,	
	Cupri sulph. cryst.,	āā ʒss
	Aceti vini albi,	fl.ʒvjss.

The mixture was injected once a day, and proved a more satisfactory application than any other. Some patients complained of severe pain, others felt but slight inconvenience from it.

Tests of Carbolic Acid, Cresylic Acid and Creasote.

We quote the following from a paper in the *Chemist and Druggist*, by A. H. Allen, F.C S.

Pure carbolic acid takes up 26 to 27 per cent. of water to form a hydrous carbolic acid; cresylic acid will only absorb 13 to 14 per cent. It has not previously been supposed that carbolic acid would take up so much.

Action of Cold.—Absolute carbolic acid is solid at ordinary temperatures, and the hydrous substance solidifies in a freezing mixture of hydrochloric acid and crystallized sulphate of sodium. Neither absolute nor hydrous cresylic acid, nor creasote, shows any signs of freezing on exposure to the same degree of cold.

Solubility.—Carbolic acid (absolute) will dissolve in 10.7 parts of cold water, and more freely in hot water. Absolute cresylic acid dissolves in the proportion of 1 to 31. These figures are taken after allowing for the water which combines with either acid to form hydrous compounds. Carbolic acid is soluble at 60° Fahr. in an equal proportion of a solution of caustic soda 6 per cent., and it is likewise soluble in an equal volume of liquid ammonia; cresylic and creasote are insoluble in the same quantity of the former (the creasote being the least soluble), and in ammonia cresylic acid requires 16 volumes, and creasote 60 to 80 volumes.

Benzol mixes with all three in any proportion, and separates the water from the hydrous acids; benzoline (petroleum spirit) mixes with cresylic acid and creasote in all proportions, but carbolic acid will not take up more than half its volume. Price's glycerine (sp. gr. 1.258) was found to mix in all proportions with carbolic and cresylic acids, but creasote will not dissolve in it. The acids are thus distinguished. A mixture of one volume of carbolic acid with one volume of glycerine is not precipitated by the addition of three volumes of water, but a similar mixture of cresylic acid and glycerine is precipitated on the addition of two volumes of water. The addition of one drop of a 10 per cent. aqueous solution of ferric chloride to 15 cc. of an aqueous solution of cresylic or carbolic acid, causes a permanent violet-blue coloration. When creasote is similarly tested, a blue color results, which almost instantly changes to green and brownish-yellow.

The Etiology of Diabetes.

Dr. F. W. Pavy says, in a recent lecture in the *Lancet*—

I certainly incline to the opinion that some kind of textural change in the brain stands at the foundation of diabetes, and there are two ways in which the effect may be produced. The vaso-motor system exerts an influence upon the arteries, which gives them their *tonus* or keeps them in a certain state of contraction. The effect of destruction of the centres or tracts is to lead to arterial dilatation, by causing direct paralysis of the muscular coat, while that of irritation is the converse. These results are in harmony with what occurs under similar circumstances in connection with the cerebro-spinal system, and are, therefore, intelligible enough to us. Arterial dilatation, however, may be induced in another way, viz., by an action of the cerebro-spinal system controlling or inhibiting the activity of the vaso-motor system. Reference to what may be perceived in connection with the salivary glands will supply us with an illustration of the occurrence of this mode of dilatation.

While the glands are in a state of quiescence, the arteries are maintained in a comparatively contracted condition by the influence of the vaso-motor nerves they receive from the sympathetic. Now, common observation shows us that a flow of saliva, which means an antecedent dilatation of the arteries, may be excited by a stimulus applied to the surface of the tongue, and so influencing the extremities of the lingual gustatory nerve, and even by an impression starting from the brain and originating in a passing thought about food. The explanation which physiological science gives of this phenomenon is that a stimulus is transmitted from the cerebro-spinal system which

produces an inhibitory action upon vaso-motor centres or nerves that relaxes the muscular coat of the arteries, and thus permits dilatation to occur. This may be considered to constitute an active form of vaso-dilatation, in contra-distinction to that arising from paralysis induced by operations upon the sympathetic, which lead to a simple removal of vaso-motor influence.

There being these two modes of action by which vaso-dilatation may be brought about, it may happen that diabetes may arise either from a lesion affecting and involving a loss of power in vaso-motor centres, or a lesion in some part or other of the cerebro-spinal system leading to an inhibitory influence being exerted upon them.

Inhalation of Carbolic Acid Spray in Phthisis.

At the Mount Sinai Hospital, New York city, the inhalation of carbolic acid spray in phthisis has been introduced, in order to test its efficacy. The spray was obtained from a solution holding two per cent. of the acid. The first case had fetid expectoration, with an average temperature of 102½°. The first effect of the inhalation was to increase to a marked extent the sputa, but at the same time to check the fetor. The most important effect of the inhalations was to decrease the temperature from 102½° to 101°, 100½° and 99°. In some of the cases carbolic acid acted as an irritant, giving rise to considerable spasmodic effects, and in these cases salicylic acid was substituted. The latter agent did not produce such a decided effect on the temperature, but its action on the fetor was equally marked.

Reviews and Book Notices.

BOOK NOTICES.

Habitual Drunkenness and Insane Drunkards. By John Charles Bucknill, M.D., London, F. R. S., etc. London, MacMillan & Co. Cloth, 12mo, pp. 97., xxiv. Price $1.

This volume is a reprint of a number of letters, articles and essays by the author, on subjects relating to the treatment of drunkards. The first is an address which he delivered in 1875, on inebriate asylums in America. It led to some caustic comment from specialists on this side of the water. Dr. Bucknill thought very poorly of the American Inebriate Asylums. The only one which he seems to believe was doing any really good work was the Franklin Reformatory Home in Philadelphia. Moreover, he inclines to believe that habitual drunkenness is generally a vice and not a disease; when it deserves the latter name, it must be classed and treated as a form of insanity. Regarded as a vice, it must be considered by the statesman as such, and not as a crime—a significant distinction which Dr. Bucknill further emphasizes by the antithesis which at once indicates his position. "It is not drunkenness we wish to punish, but temperance we wish to promote." He, therefore, very positively opposes the advocates of a law for locking up drunkards.

We are tempted to give extracts from his thoughtful and cogently put arguments, but the limitations of space forbid us; we can but recommend the study of these very able essays to all who are interested in these important discussions.

Contributions to Operative Surgery and Surgical Pathology. By J. M. Carnochan, M.D., formerly Professor of Surgery in the New York Medical College, etc. With illustrations drawn from nature. New York, Harper & Brothers, 1878. Parts I–V, 4to, pp. 179. Price $2.75.

Dr. Carnochan commenced the publication of this work a number of years ago, but the plates, drawings, etc., were destroyed by fire. In 1876 he recommenced the labor, and since then the five parts now before us have appeared. They are published in the most artistic style, and embrace a series of cases of the highest interest. We shall give a brief description of the contents.

Parts I and II contain an introductory address on the study of science, which also serves as explanatory of the author's scheme in presenting the cases in his work. The address is thoughtful, and is a worthy contribution to medical logic. We refer with especial pleasure to his explanation of the principle on which incomplete inductions are, in natural science, held to be sufficient to establish general laws. The surgical cases described and commented on are two of elephantiasis arabum and three of ligation of the femoral artery.

Number III describes two cases of amputation of the entire lower jaw, with remarks on the operation, and an essay on shock and collapse, the primary treatment of injuries and the time of election for capital operations after extensive lesions. This very elaborate essay is continued through parts IV and V, and is not yet concluded. It enters into the collateral subjects of the nature of the nervous fluid, of direct, indirect,

complicated and latent shock, its phenomena as modified by temperaments, diatheses, etc. The statements which are made with reference to these conditions are borne out by the details of cases from the author's own practice.

The lithographic illustrations of the work are very carefully drawn. The author expects to finish it in ten parts; but from appearances we think it will be difficult for him to embrace his scheme in this compass. It is a most creditable addition to American surgical literature, and the boldness of the author's operations cannot fail to excite for his descriptions a wide interest among surgeons.

Human Osteology, Comprising a Description of the Bones, with Delineations of the Attachments of the Muscles, the General and Microscopic Structure of Bone and its Development. By Luther Holden, F.R.C.S., etc. Fifth edition, revised by the author, with the assistance of Alban Doran, F.R.C.S. With numerous Illustrations. Philadelphia, Lindsay & Blakiston, 1878. 1 vol., cloth. 8vo, pp. 286.

This is *facile princeps* as a book on human osteology in our language. It would be difficult to imagine how the arts of explanation and representation could be more successfully applied to the subject. With these beautiful plates before him, there is no possibility of the student being at a loss to recognize every origin and insertion, every process and foramen, every notch and tuberosity. Sixty-one full-page plates, and eighty-nine figures in the text, all of them drawn with the utmost fidelity, come as near as can be taking the place of handling the bones themselves. The text is handsomely printed, and has marginal references, of great convenience in consulting the descriptions.

Diseases of the Bladder and Urethra in Women. By Alexander J. C. Skene, M.D., etc. New York, Wm. Wood & Co., 1878. pp. 374.

The author observes, in his preface, that no systematic work on the many diseases and functional anomalies of the female urethra has hitherto existed in the English tongue. This lacuna he has filled in a worthy manner, from a wide range of reading in gynecological literature, and from an extended experience in diseases of the female sex. His work is divided into eight lectures. Of these, six are occupied with diseases of the bladder, two with diseases of the urethra. Among the former are irritability, paresis and incontinence, all functional in their nature; and hemorrhage, cystitis, carcinoma, hypertrophy and atrophy, all organic. An instructive chapter on urinary analysis and exploration of the bladder as a means of diagnosis, is inserted.

The chapters on diseases of the urethra commence with its neuroses and its inflammations, the forms of acute, chronic and gonorrhœal urethritis. A careful description follows, of the neoplasms of the urethra, a most important topic, and one better treated here than in any other work we can now recall. Dilatation, dislocation and stricture are other pathological conditions of the organ which are described at sufficient length. An appendix, on extroversion of the urinary bladder, is added, and a well prepared index closes the volume.

In its manufacture it is presented with considerable luxury of paper, and is printed in old style type, making a handsome book.

Observations on Some of the Operations of Chemical Analysis; including reactions of metallic oxides, organic and inorganic acids, and poisons in organic mixtures. By J. B. R. Purnell, M.D. Baltimore, W. J. C. Dulany & Co., 1878. 8vo, pp. 138. Price $1.50.

The author presents in this work a brief description of the apparatus, reagents and processes of qualitative analysis, especially as employed in medical chemistry and in pharmacy. He does not aim to present any original researches, but rather the most available tests which his experience has recommended. The selection he has made is judicious, and as a handy book of reference on the subjects indicated by the title it deserves commendation. The proof reading is, in places, faulty, but the errors are mostly of a kind which will not be apt to lead astray.

NOTES ON CURRENT MEDICAL LITERATURE.

——Two papers read before the N. Y. Obstetrical Society by Dr. N. J. Garrigues explain, the one, an apparatus for transfusion, the other, the condition of asphyxia in new-born children, considered from a medical and a legal standpoint. The point that the last mentioned aims to inculcate is that the child may be alive when it does not breathe, and that if only the heart beats, its life may be saved, even if spontaneous respiration does not appear for hours.

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PREMIUMS FOR NEW SUBSCRIBERS.

Special Offer to Our Old Subscribers.

From and after October 1st, any new subscriber will receive the REPORTER

15 MONTHS FOR $5.00,

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To enlist the interests of our Old Subscribers in the extension of our circulation, we offer, if they will send us, along with their own renewals, the amount for ONE new subscriber for one year (who will be entitled to the 15 months mentioned) to send them either (1) the HALF-YEARLY COMPENDIUM, for 1879; or (2), the PHYSICIAN'S POCKET RECORD, for 1879; or any of our other publications, to the amount of $2.50. These publications will include the following works now in press:—

GOODELL. Lessons in Gynecology.
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SAYRE. Organic Materia Medica.

Besides, already published, Napheys' *Surgical Therapeutics*, Napheys' *Medical Therapeutics*, Dobell *On Cough and Consumption*, Bernard & Huette's *Operative Surgery*, Butler's *Medical Directory of the United States, etc., etc.*

THE INJURIOUS EFFECTS OF THE TOBACCO HABIT.

Every few years there is an outcry against the increasing use of tobacco, and a general onset along the lines is made against the smokers, chewers, snuff takers and snuff dippers. It is about time for one, and we cheerfully lend it our concurrence.

Let us look at some recent facts. In the United States alone, in the year 1875, there were raised, according to the revenue returns, *four hundred and two million* pounds (402,000,000 lbs.). Last March we were informed, by a Baltimore merchant, that in that city there was only a moderate supply of the weed ready for export, to wit, one hundred and fifty-five thousand hogsheads! A single firm in New York paid to the government, in one month, a revenue tax of $123,000. Its average monthly tax for internal revenue is over $100,000. The shipments of snuff by this house to one town in North Carolina amounts to 100 barrels a month, or 1200 barrels annually. And this is but a tithe of the snuff yearly sold by this one firm.

The quantity consumed in Great Britain is 20,000,000 pounds; in France it is 44,000,000 pounds; in Austria, 81,000,000. It is a principle source of revenue to every continental State. In 1865 Austria smoked 1,900,000,000 of cigars, nearly. Russia raises 25,000,000 pounds of tobacco for home consumption. But our own country leads all others easily in the consumption of the weed.

What is the result? It is evident in the increase of nervous and pulmonary disease, in the demand for alcohol to counteract this excessive narcotism, in the broken constitutions and exhausted offspring of these immoderate tobacco consumers. Hear a recent witness. In one of the last numbers of the *North Carolina Medical Journal* (that State in which one town uses a hundred barrels of snuff a month—how it is used, and by which sex, gallantry forbids us to explain), Dr. J. H. Hicks, of Faison, in that State tells what he has seen of its effects. He

finds it in every house, on every mantel. He says, "I think the majority of my office patients are those whose systems are shattered from an excessive use of tobacco. The effects of immoderate use of this drug are not sufficiently taught by the profession. Smoking rooms must not be made nurseries, and stomachs must not be made apothecary shops, for functional derangement caused by habits that proper professional advice would cause to be abandoned, at least, to an injurious extent. Dr. Pepper, in his excellent clinics, scarcely ever failed to impress his opinions of tobacco."

It is high time for a counterblast when unprejudiced physicians must report thus.

What is the immediate cause of the injury when the plant is smoked, is not as yet certainly known. It used to be charged to the nicotine. But Dr. O. KRAUSE has shown, by careful experiments, that the poisonous effects of tobacco smoke are not produced by nicotine, this alkaloid being decomposed during the burning of the tobacco, but are due to the carbonic oxide of the burning leaves. He found in one hundred volumes of smoke five to thirteen volumes of carbonic oxide, and nine to sixteen volumes carbonic acid (*Medicinische Neuigkeiten*, March, 1875). In chewing and "dipping," the saturated solution formed is sure to impregnate the system with all the soluble principles of the leaves.

NOTES AND COMMENTS.

The Repression of Drunkenness.

An English physician, of Manchester, Dr. A. M. Adams, wisely says, in a late address: "I believe nothing will stem the flood of intemperance until we can ameliorate the physical surroundings of the masses of our crowded cities; for, just as surely as a pestilence like cholera is engendered and spread by filthy habits, so is the moral plague of drunkenness and crime begotten by the wretchedness and squalor of the dwellings in which many of the lower classes spend their lives. It may be said, however, that it is not alone among the lower orders that these debasing habits prevail, and that among our commercial, professional, and well-to-do classes intemperance exists to a large and increasing extent. Here, then, is a field for our exertions as practitioners of medicine. We can tell these drunken men and women of the Nemesis of disease that inevitably awaits them if they continue the excessive use of stimulants; and we can use all our great influence and all the resources of our art to rescue them from the evil.

Oxide of Zinc in Diarrhœa.

The value of oxide of zinc in diarrhœa has long been known, but is apt to be overlooked. Some recent reports on the subject have been made by Dr. Tyson, of this city, and Dr. Bonamy, of Nantes. The formula which the latter uses is—

℞.	Zinci oxidi,	54 grains
	Sodæ bicarb.,	7½ grains.

In four packets, one to be taken every six hours.

In all the cases which he observed oxide of zinc produced rapid cure of diarrhœa. In fourteen cases observed by Puygautier the cure was even more rapid, since in only one case were three doses of the medicine required. The results are considered to have been more satisfactory, inasmuch as in several cases the malady had endured from one to many months, and other methods of treatment had not produced any improvement. Thus he concludes that, although by no means to be held as exclusive treatment, the employment of oxide of zinc deserves to be more generally known as useful in diarrhœa.

Can One Have Typhoid Fever After Forty?

A correspondent of the *Lancet* puts these hard questions:—

Can it be seriously conceived that a man can possibly have "typhoid fever" (as people will erroneously call it) after he has passed the age of susceptibility to its influence? in other words, when he has lived so long as to have nothing of Peyer's patches left in him! The thing is physically impossible, and if, after the age of forty, cases really crop up, the time has arrived for framing another new and sounder pathology of enteric fever than the generally received one of to-day. Now, then, accepting current pathology of the subject as infallible, the question arises,

why should forty be singled out as the limited period of liability, and the succeeding years past the prime of life as the period of immunity? The reason is simple enough. It is this: Forty years is the time of life when Peyer's patches (the special seat of lesion) begin to degenerate, and enteric fever cannot touch the advanced in years, because Peyer's glands are absent in the old. *Ergo*, I am at liberty to question the diagnosis "typhoid fever" in such an individual.

On Nitrite of Amyl.

The purity of this drug was discussed before the British Pharmaceutical Society, in September, by Mr. D. B. Dott. This paper embodied the results of an examination of several samples of nitrite of amyl procured from different makers, with the view of ascertaining the degree of purity of the article in the market. The samples examined had a specific gravity varying from .864 to .876, the proper specific gravity being .877. By a single rectification they gave a yield of 6.7, 11.5, 33.3, 47.5, and 65.0 per cent. respectively, boiling at 90° to 100° C., while a sample prepared by the author in the ordinary way gave 85·0 per cent. One of the samples had an odor quite distinct from that of genuine nitrite of amyl, and produced little effect on the heart's action by the inhalation of its vapor. It will thus be seen that there is a great variation in the quality of the amyl nitrite of different makers, and that some of it is of very inferior quality. The author considers that some standard of purity less rigid than that of the Pharmacopœia ought to be adopted, as it is impossible to prepare a nitrite of amyl boiling constantly at 205° F. Indeed, there seems to be some doubt as to whether that is really the correct boiling point. The process for preparing nitrite of amyl by passing nitrous acid gas through amylic alcohol is held to be the best, being decidedly preferable to that by the direct action of nitric acid on the alcohol.

An Improved Preparation of Ergot.

Mr. A. W. Postans, F.C.S., gives the following process:—

To 20 ounces of freshly-powdered ergot packed in a percolator, the extremity of which had been closed, is added a mixture containing 10 ounces each of rectified spirit and glycerine, and 5 ounces of water, the whole allowed to macerate for a week, at the expiration of which time the percolation is proceeded with, and the subsequent displacement continued with distilled water until the drippings almost cease to have any taste or color. Eighteen ounces having been collected of the first liquid, the remainder is evaporated gently, in a water bath, to 2 ounces, and then mixed with the previous quantity, so that 20 ounces of this fluid extract exactly represent 20 ounces of freshly-powdered ergot. Several obstetricians of eminence have found this preparation highly satisfactory.

Mr. Postans remarked that the main difference between the above process and the American consists in the addition, by the U. S. Pharmacopœia, of half-an-ounce of acetic acid to each 16 ounces of liquor, thus rendering, in his opinion, an otherwise good preparation nauseous and unpalatable, as well as presenting a difficulty as to the desirability and wisdom of introducing acid into the stomach of patients.

The Use of Bael.

This East Indian astringent is growing in popularity in Great Britain. Dr. R. P. Ritchie writes of it, to the *Medical Times and Gazette*.

My experience of it has been very considerable. Having observed the good results following its administration in the adult, it occurred to me, when I joined the staff of the Edinburgh Sick Children's Hospital, in 1863, that it would be a good remedy in the catarrhal diarrhœas of children. In the chronic form of this affection I found it valuable, and in those cases which assumed the dysenteric character especially so. I give it sometimes alone, and in others in combination with sulphuric acid. In cases in which much irritability of the mucous membrane or prolapsus of the bowel is present, the addition of bismuth at the same time is advisable.

Chloride of Calcium Pills.

At a recent meeting of the Pharmaceutical Society, of this city, pills of chloride of calcium were mentioned as being very troublesome to prepare and very liable to deliquesce, in consequence of the extreme solubility of the salt. Even if well made the only remedy, if it must be dispensed in pillular form, is to coat the pill with an ethereal solution of mastic or tolu. The fused chloride should never be used, as in dissolving it, it fixes two molecules of water, and in doing so gives out the latent heat of this water.

Correspondence.

Mixed Methods of Instruction.

Ed. Med. and Surg. Reporter :—

I see in your issue of the 16th instant a communication from Dr. C. H. Lewis, of Jackson, in this State, which contains several errors.

The simple facts are as follows: When the Homœopathic College was first established by an act of the Legislature there were but two professors in it—one of theory and practice and one of materia medica and therapeutics. The students of that college were allowed to attend the lectures on Anatomy, Chemistry, Surgery and Obstetrics, in the regular medical college, and the professors of these four departments were required by the Board of Regents to examine these students on these four respective subjects, and certify their standing in them to the President of the University. This was all the responsibility any of the Faculty assumed, and these certificates were given under laws enacted by the authorities over them, having all the force of public statutes, and which they could not avoid obeying but by resignation and abandoning their work. After the first year a Professor of Obstetrical Therapeutics was appointed in the Homœopathic College, and the year following a homœopathic Professor of Surgery. The Professor of Surgery in the regular school was then relieved from teaching, examining and certifying to the qualifications of any of the homœopathic students.

At a meeting of the Board of Regents, in June last, the previous requirement for the professors of anatomy, of chemistry, and of obstetrics, to examine and certify to the qualifications of the homœopathic students was repealed, and it was widely published in the newspapers and medical journals of the State, and by circulars sent abroad extensively, that no member of the regular faculty was any longer required to recognize, examine or certify to any presence, condition or qualification of any student of the Homœopathic College, or to take cognizance in any way of students in exclusive or sectarian medicine.

The three members of the faculty whose lectures the homœopathic students still attend are in the same position in relation to such students as the lecturers on clinical medicine or surgery in any hospital governed by a board distinct from themselves, who sell tickets to irregular students, allowing them to attend the teaching in such hospital. This, and nothing more.

Sufficient time has not elapsed to demonstrate the full effect upon homœopathy of the establishment of its school in the University of Michigan, but judging from every present possible indication, it will be disastrous to its pretensions. The number of students in that college has diminished, while the number in the regular college has increased, and several who the present term matriculated in the Homœopathic College have transferred themselves to the College of Medicine and Surgery, while a change of opinion outside of the latter college, unfavorable to homœopathy, is too apparent to be mistaken

Ann Arbor, Mich. A. B. Palmer, m.d.

[We cheerfully admit the above, but we shall be obliged to have the correspondence on this subject cease at this point.—Ed. Reporter.]

The Germ Theory.

Ed. Med. and Surg. Reporter :—

The question of the germ theory is now attracting the attention of some of our most scientific men. Be the theory true or false, let the question be thoroughly examined before passing judgment or coming to a definite conclusion.

If Linnæus, the father of botany, a century ago, gave this theme a thought, let us see, in our more enlightened day, whether he was correct or incorrect. It is now claimed by some advocates of the germ theory that many of our prominent prevailing diseases are caused by immense numbers of spores, such as typhoid fever, scarlatina, small-pox, measles, diphtheria, erysipelas, etc. These spores, or some variety of them, producing in the system a mechanical irritation, setting up the disease. In regard to the number and variety of these spores, they are said to be of large variety and innumerable in quantity, and capable of multiplying with great rapidity, at a given time, under favorable circumstances. Others advocate that this scientific knowledge gives them the true theory in prescribing the correct remedy or antidote. For instance, they say pseudo-membranous croup is caused by a variety of oidium albicans, called mycelium, and the remedial agent is an acid, to cure the disease. Diphtheria is caused by micrococci, and an alkaline is the remedy. Then they say that a species of spores called algæ causes scarlatina and sarracenia variola.

Besides there are an innumerable host of malarial germs. Hence it is claimed that there is an evolution in the etiology of disease, under the power and use of the microscope. Be this as it may, my opinion is that we, as practitioners, should give this important subject a fair consideration, arriving at truth by practical observation. Recently I prescribed for a female patient, aged 30 years, who has dyspepsia of several years' standing. The patient did not complain a great deal, but I noticed that her tongue was broad, pallid, with a peculiar thin white fur. Now, according to the germ theory this patient had yeast plant on the mucous membrane of the stomach. I prescribed sulphate of soda in ten grain doses, four times per day. This simple prescription in ten days benefited the patient very materially, and I noticed her tongue changed to a normal condition.

It is a well known principle that if the tongue has a broad, pallid appearance in any form of disease the system is in an acid condi-

tion, and alkalines are the remedy. And if the tongue has a red, sleek, pointed appearance, the system is said to be in an alkaline condition, and acids are the remedies. But the question is, how far will this hypothesis hold good? Take a case of erysipelas, where we uniformly find a red tongue; then the system is in an alkaline condition, and we usually prescribe the muriated tincture of iron, which is an acid. This very often cures. Again, we have diphtheria, where we generally see the pallid, white-furred tongue, and soda or potash is prescribed with success.

In conclusion, let me say that I pen these scattering thoughts for the purpose of inviting the attention of practitioners to this subject, in order that we may observe at the bedside this germ theory, and report our observation to the profession. I have often thought that if we would prescribe more to pathological conditions rather than the name of the disease, we might have better success.

JOHN A. HENNING, M.D.

Red Key, Ind., Dec. 1st, 1878.

Croup and Diphtheria.

ED. MED. AND SURG. REPORTER:—

How there could ever be any question about the difference between membranous croup and diphtheria is a puzzle to me; or how it should be dignified enough to be a question before the International Congress, which it was, and a good deal of feeling displayed on both sides, is a mystery that I cannot solve, except on the ground that genuine croup is of so infrequent occurrence that many physicians never have seen a case. In this city of 8000 inhabitants there occur two or three cases each winter, so that there are physicians here that in ten or twelve years have never seen a case. It has happened to me in the past ten days to see three cases of membranous croup, so that my attention has been directly called to it. Diphtheria is not prevailing at present, though in the seasons past we have had many cases. The diseases have no more points of similarity than typhoid fever and whooping cough. In diphtheria the membrane sometimes forms in the trachea, and the patient dies of suffocation; in croup this is *always* the manner of death; here the similarity ends.

CASE.—Called to see a child, aged seven years, on Wednesday, having a cold, hoarse, and some râles in the lungs; no fever; occasional tightness of breathing. In the night I was called up to see the child; found it had had a severe paroxysm of dyspnœa, with the peculiar metallic cough. It was soon relieved by a nauseant. There was no fever, no enlargement of the glands, no soreness, or even inflamed appearance of the throat. In an hour the child was apparently well, except a little prostration from the emetic. I was certain of the disease, however, and prognosticated death. During the day it had frequent attacks of cough, with the same ominous, brassy sound; at night the paroxysm came on after the first sleep, and was severe; then they became more frequent, and on Friday morning the breathing was very difficult, and a cyanosed condition of the skin was apparent most of the time. There were intervals of partial ease. Violent vomiting gave some relief, and shreds of membrane were thrown off. The breathing became entirely obstructed at seven o'clock, and death resulted. The other two cases were similar. The membrane was in sight in only one case. I tried all treatments that had ever been mentioned. I have seen fifty cases, and never one that recovered. It resembles diphtheria as much as a duck does a fish.

Clinton, Iowa. P. J. FARNSWORTH, M.D.

Carbolic Acid in Small-Pox.

ED. MED. AND SURG. REPORTER:—

In your issue of the 23d of November is an article on priority in the use of carbolic acid in small-pox. As many of the profession appear anxious to know all that can be learned as to its introduction in the treatment of the above named disease, allow me, through your valuable column, to express my knowledge of its use before 1871.

When in 1867–'68 I was attending my course of study in Queen's University, Kingston, Canada, Prof. Horatio Yates used the acid with good success, and highly recommended it in the treatment of small-pox.

S. C. Hillier, one of my classmates, in his thesis, on small-pox, dwelt largely on the importance of the new treatment and its value in preserving the face and skin intact. The thesis was recommended to be published, but whether it was or not, I do not know, as I came to my present location at the close of college. By referring to the London *Lancet* of 1868, vol I, p. 151, you will find a communication from Prof. H. Yates, on the use of carbolic acid in the treatment of small-pox. GEO. HENDRY, M.D.

Zilwaukis, Mich., Nov. 27th.

Stricture of the Rectum.

ED. MED. AND SURG. REPORTER:—

In reading the report of a clinic held by Dr. F. F. Maury, at the Philadelphia Hospital, volume xxxix, page 338, I see the following statement made, which I quote: "Strictures of the rectum are usually due to syphilis or cancer. The latter is more common in elderly people, while young women, in particular, who have stricture of the rectum, generally owe it to syphilis."

How does the doctor account for those cases of stricture of the rectum where no syphilitic history can be obtained, and where no manifestations of that disease (save this one) are present?

I know of a case of stricture of the rectum which is neither syphilitic nor cancerous, but the result of cicatrized dysenteric ulceration, which has now lasted during a period of four

years. The patient has never had syphilis nor venereal disease of any kind, and the duration of time the stricture has existed in this instance precludes carcinoma.

Stricture of the rectum in women may also be produced by cicatricized chancroidal ulceration, which may be caused by unnatural copulation (as mentioned in the same report, page 338), or the pus of a chancroid situated upon some part of the genitals may find its way into the rectum. During my term of service as house surgeon in the several wards of Charity Hospital, New York, I have met with cases originating in that manner.

A number of these cases of rectal stricture, the result of chancroidal cicatrization, were published a few years ago by Dr. Erskine Mason, of New York, in the *American Journal of the Medical Sciences.*

G. O. Morrison-Fiset, M.D.,
Late Examining Physician at Bellevue Hospital, New York. Three Rivers, Quebec, Canada.

News and Miscellany.

Bulletin of the Public Health, Issued by the Surgeon General United States Marine Hospital Service, for the Week ended November 23d.

Yellow Fever in the Mississippi Valley.—Advices to the close of November 22d show the following number of new cases of yellow fever and deaths for the week ended on that day. There were 20 deaths in New Orleans, 2 deaths in Vicksburg and 2 in the adjacent country, 3 at Delta, Miss., 8 cases and 4 deaths at Mobile. The last case reported in Morgan City, La., occurred November 19th, the last death November 15th. During the two weeks ended November 22d, there were 4 new cases of yellow fever and 2 deaths at Decatur, Ala., 33 deaths at Memphis, and 2 deaths at Cairo, Ill. The last case at Cairo occurred October 28th, and the last death November 15th.

It is advised that during the coming winter all the rooms of every dwelling in the cities and towns which have suffered from yellow fever should be opened to the outer air for a sufficient length of time to subject them to a freezing temperature. Carpets, bedding, clothing, trunks, etc., should be exposed to the open air, and to a temperature below the freezing point. Unless this is done, sporadic cases may be anticipated when the warm weather returns, from yellow fever poison, which is liable to survive the winter in dwellings which are kept continuously at an elevated temperature.

Governmental Relief in Epidemics.

The Secretary of War, in his last report, has the following interesting passage:—

In addition to the issue of rations, as shown by the report of the Commissary General, tents were issued as a loan, as follows:—

August 15th. 1000 common tents to Memphis.

August 20th. 200 common tents to Vicksburg.

August 21st. 200 common tents to Grenada.

August 24th. 300 common tents to Memphis.

September 7th. 25 common tents to Natchez.

September 21st. 1 hospital tent to Donaldsonville.

September 21st. 70 common tents to Chattanooga.

Also a small supply of medicines was issued to Grenada. I respectfully recommend that a joint resolution be passed by Congress, approving and legalizing these issues.

I would recommend to Congress the careful consideration of the question whether such emergencies in the future may not be provided for by law, by conferring authority to act upon the President. If it be practicable, the law should be so framed as never to leave an executive officer under the necessity of acting outside of the statutes.

In this connection I have further to report that, by means raised from private contributors, the steamer John M. Chambers was chartered, loaded with supplies and medicines for the relief of the sufferers, and sent from St. Louis down the Mississippi river, upon her voyage of charity. A request having been made for an officer of the army to command the expedition, First Lieutenant Hiram H. Benner, of the Eighteenth Infantry, and Second Lieutenant Charles S. Hall, of the Thirteenth Infantry, volunteered for that hazardous duty, and in its performance the former lost his life, having died of yellow fever, at Vicksburg, on the 17th day of October last.

Lieutenant Benner was a man of high character and a young officer of uncommon merit. He leaves a widow and two infant children; and it is respectfully submitted that Congress should, without delay, take such action as will recognize and give proper expression to the nation's gratitude for the self-sacrificing heroism which characterized his conduct and led to the sacrifice of his life. I earnestly recommend the passage of an act granting a pension to his widow.

The National Quarantine.

A New York letter in a leading daily, says—

The proposition to establish a national quarantine, which the President is reported in this morning's despatches as prepared to recommend, and which Southern members of Congress are understood to be urging with all their might, will be resolutely opposed by the delegation from this city, and, it is believed, by all the Atlantic ports. The reasoning is that New Orleans and other ports that have been desolated by pestilence ought to exert themselves to bring their municipal arrangements into conformity with sanitary laws before asking Congress to establish a national quarantine. Furthermore, it is urged that this is simply placing the cart before the horse, as it would be better to see what virtue there is in clean streets and a

thorough system of drainage before coming to the conclusion that disease is imported from other countries. The theory upon which the bill rests—the yellow fever is an exotic, and not indigenous to the Southern Mississippi country, is by no means universally assented to. Our State and municipal quarantine arrangements here have worked so admirably during the past few years that we have been able to keep yellow fever out of the city, though it has been almost all the while, during the hot weather, at our doors, and this, too, without in any way interfering with our commerce, or creating panic or uneasiness even among the people. For these, among other reasons, all our Commercial Exchanges will petition against the bill, and it is known that at least two of our city Congressmen are prepared to speak against it. At the same time, there is every disposition to extend aid to New Orleans and other ports, to enable them to undertake such municipal improvements as will conserve the health of their inhabitants and prevent pestilence from overrunning the rest of the country, but it is contended that this can be accomplished much better by private enterprise and by private capital than by Congressional appropriations.

The Brooklyn Fasting Girl.

A remarkable story is going the rounds about a girl in Brooklyn, who has been dying for thirteen years and still lives; who eats nothing and drinks less; who can read a sealed letter, and lying on her bed see what's going on at the Khyber Pass, and such stuff. Evidently the time is a long way off when the fools will all be dead.

Personal.

—Dr. A. W. Heise, who for the past three years has filled the office of physician to the Illinois State Penitentiary, with credit to the institution and himself, was lately discharged "by reason of expiration of term of service." Dr. Heise managed the medical affairs of the prison by instituting such admirable sanitary regulations that the endemic and epidemic diseases were unknown there; the average number of cases in hospital, as shown by his annual report, being only six, thirteen per cent. of these being classed as "wounds." The average number of convicts during this time has been 1700. The commissioners have appointed a "homœopath" to occupy the place of the prison physician.

—Dr. Daniel Pierson, a physician of Hancock county, Ill., was called from his bed on Saturday night, by an unknown man, to attend a case about three miles distant. He saddled his horse and started, and an hour after his lifeless body was found by the roadside, with an iron bar, the instrument of murder, lying near. Dr. Pierson was a trustee of the town of Augusta, and active in suppressing lawlessness, and it is believed he was murdered out of revenge.

—Dr. J. B. Ullersperger died on October 15th, at Munich, in the eighty-first year of his age. He was born in March, 1798, at Neuburg, on the Danube, studied at Würzburg, where he took his degree, and then began to practice at Munich. In 1826 he was appointed physician to the Duke of Leuchtenberg, but lost the post through an indiscreet revelation concerning the health of a friend of the Duke. He returned to his private practice in Munich, and quickly rose in his profession. His first contribution was on "Angina Pectoris," in 1848. Next year he published a work on "The Employment of the Saline Springs at Kissingen. In 1868 he brought out a work on fatal diseases of the brain and nerves, and next year one on diseases of the heart. In 1867 he published a pamphlet on the possibility of curing phthisis, and on "A Remedy for Hysteria, Epilepsy," etc. The same year he published a work on "The Treatment of Infants and Infantile Diseases." A work of his on "Ancient Transfusion and Infusion Compared with Modern Transfusion and Hypodermic or Subcutaneous Injections," has been translated into English. He gave considerable attention to the study of the history of medicine in Spain, and published a work upon it at Würzburg, in 1871. He received, during his long life, many marks of distinction from the Bavarian and other sovereigns, and from many universities and learned bodies. One of his essays was awarded a prize by the Medical Society of this State.

—Prof. Erasmus Wilson, F. R. S., has handed to Mr. John Dixon, C. E., a cheque for $50,000, in redemption of his munificent pledge to pay him that sum on the erection of Cleopatra's Needle on the banks of the Thames, in London.

Items.

—The Surgeon General reports the total number of deaths in the army during the year, from all causes, at 256, or about twelve in one thousand. Of these 121 died of disease, and 135 of wounds, accidents, and injuries.

—According to recently published statistics, there are more deaf mutes, idiots and lunatics in Switzerland, in proportion to the population, and fewer people afflicted with blindness, than in any other European country.

MARRIAGES.

BUSEY—CATLETT.—At Christ Church, on November 12th, 1878, by the Rev. Dr. Runcey, A. P. Busey and Miss Corinne B. Catlett, daughter of Geo. Catlett, M.D., of St. Joseph, Mo.

WALKER—GREER.—November 6th, by Rev. A. H. Parker, Thomas P. Walker, M.D., of Dunbar, Fayette county, Pa., and Mary M. Greer, near Milroy, Mifflin county, Pa.

DEATH.

LEYBURN.—October 29th, at Abingdon, Va., where, as a delegate of the Church of Lexington, Va., he was in attendance upon the sessions of the Synod of Virginia, Alfred Leyburn, M.D., in the seventy-sixth year of his age.

TAMAR INDIEN,

A laxative, refreshing, and medicated Fruit Lozenge, agreeable to take, and never causing irritation. Its physiological action assures the immediate relief and effectual cure of

CONSTIPATION, CEREBRAL CONGESTION, HEADACHE, INDIGESTION, BILE, HEMORRHOIDS, etc., etc., by augmenting the peristaltic movement of the intestines, without producing undue secretion of the liquids. Unlike pills and the usual purgatives, it does not predispose to intestinal sluggishness, and the same dose always produces the same effect, that is to say, never needs increasing. These properties render "Tamar" invaluable to the weak and debilitated, and especially to ladies previous and subsequent to their accouchement. It is recommended by the most eminent Physicians of Paris; notably Drs. BELIN and TARDIEU, who prescribe it constantly for the above complaints, and with most marked success.

Prepared by **E. GRILLON,** Pharmacien de lère classe, 27 Rue Rambuteau, Paris. To be had of all respectable Chemists throughout the world.

PEPTODYN.

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CONTENTS:

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

BYRD, WM. A.—Laryngo Tracheotomy.—Successful Operation for Chronic Follicular Laryngo-Pharyngitis, with Spasm of the Glottis..... 505

MERRICK, C. H.—Sun and Air Baths..... 507

HOSPITAL REPORTS.

College of Physicians and Surgeons, New York.—Clinical Lecture by Prof. T. Gaillard Thomas.—Subperitoneal Uterine Fibroids..... 510

Small Monocystic Tumor of the Ovary in Douglas' Cul-de-Sac..... 511

Ovariotomy: Resulting Peritonitis Successfully Treated by Cold-Water Applications..... 512

Fungoid Proliferation of the Lining Membrane of the Uterus; Hysterical Aphonia in Consequence of the Hemorrhage Resulting from it.. 513

MEDICAL SOCIETIES.

College of Physicians of Philadelphia.—Report of the Committee on Meteorology and Epidemics, for the Year 1877..... 514

EDITORIAL DEPARTMENT.

PERISCOPE.

The Use of Arsenic in Nervous Exhaustion..... 517

Relation of the Diphtheritic Fungus to Diphtheria..... 517

Infantile Laryngismus Produced by a Feather in the Intestines..... 518

The Hypodermic Use of Mercurialized Peptone. 518

Physiological Explanation of "Seeing Double,". 518

REVIEWS AND BOOK NOTICES.

Notes on Current Medical Literature..... 519

BOOK NOTICES.

On Rest and Pain: A Course of Lectures on the Influence of Mechanical and Physiological Rest in the Treatment of Accidents and Surgical Diseases, and the Diagnostic Value of Pain (Hilton)..... 519

A Manual of Prescription Writing, with a Full Explanation of the Methods of Writing Prescriptions, a Table of Doses, Rules for Avoiding Incompatibilities, etc. (Mann)..... 519

A Handbook of Nursing for Family and General Use..... 519

EDITORIAL.

INNOCENT SUFFERERS FROM SPECIFIC DISEASES. 520

NOTES AND COMMENTS.

The Action of Toad Poison on the Human Body. 509

Innervation of the Uterus and of its Vessels..... 521

The Differentiation of Coma from Drunkenness. 521

The Modes of Administering Mercury in Syphilis..... 522

A New Operation for Phimosis..... 522

A New Syphilide..... 522

New Chemical Studies..... 522

The So-called Compensatory Emphysema in Acute Thoracic Diseases..... 522

CORRESPONDENCE.

The Yellow Fever in Southern Kentucky, (Thomas)..... 523

The Nature of Bilious Attacks (Dickinson)..... 523

NEWS AND MISCELLANY.

Bulletin of the Public Health issued by the Surgeon General United States Marine Hospital Service, for the week ended Nov. 30, 1878..... 524

A Clergyman's Testimony on the Sanitary Supervision of Prostitution..... 524

Proceedings of the Medical Society of Harford County, Md.—Suggestions on Veterinary Medicine..... 525

Items..... 525

Personal..... 526

Human Longevity..... 526

Obituary.—Dr. Emeline Horton Cleveland..... 526

MARRIAGES AND DEATH..... 526

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THE

MEDICAL AND SURGICAL REPORTER.

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Original Department.

Communications.

LARYNGO-TRACHEOTOMY.

SUCCESSFUL OPERATION FOR CHRONIC FOLLICULAR LARYNGO-PHARYNGITIS WITH SPASM OF THE GLOTTIS.

BY WILLIAM A. BYRD, M.D.,

Of Quincy, Ill.

July 27th, 1878, I was called to see Mrs. Frank Gleitman, a German lady, aged twenty-eight, the wife of a green grocer. She had contracted a cold with sore throat, aphonia, cough, pain in the chest and difficulty of breathing, about September 1st, 1877. For these difficulties she consulted one of the best physicians in our city, who, being very busy at the time, gave her a very cursory examination, and intimated that she had phthisis, but asked her to call again.

This opinion so discouraged her that she called another physician, who made local applications and gave some internal remedies, promising her a speedy recovery; but instead of recovering she became gradually worse until about a month before I was called, by which time her breathing had become so difficult as to resemble that of a child with the croup, getting worse all the time.

When she would sleep, which would be but a short time before waking, it would cause such dryness and spasm of the glottis that the neighbors and her family would gather at her bedside to witness her death.

The pharynx was red, granular and devoid of mucous membrane in patches, the granulations resembling those in trachoma, only being larger. The face wore an anxious expression, and had a dusky hue. The breathing was difficult and labored, being easiest when she was sitting up and leaning slightly forward. Pulse rapid and weak; voice low, indistinct, hoarse, and the words slowly and laboriously articulated. There was dullness over both lungs, with mucous rales well marked. It was not possible to examine with a laryngoscope.

I at once told her and her friends that tracheotomy offered her the only chance for her life. Not getting their immediate consent for the operation I ordered anodynes, tonics, stimulants and a local application of glycerole of tannin and chlorate of potassa, to be applied with a camel's hair brush every two hours.

The anodyne relieved her some, but after sleeping, which was prolonged to two or three hours at a time, the spasm of the glottis would be worse than ever.

On the 28th she decided to have the operation performed the next day, providing the spasms recurred during the night.

Called in the morning and found that she had passed the worst night of all, the attendants twice during the night thinking her dead. She was now determined to have the operation done at once.

With the able assistance and advice of Drs. Wm. Zimmermann and Jacob A. Wagner, we made the operation at 1.30 P.M., the patient being under the influence of ether.

An incision was made through skin and fascia, commencing at the lower edge of the thyroid cartilage and extending downward to the middle of the isthmus of the thyroid body. The muscles and vessels were pressed aside with the

handle of the scalpel, exposing the trachea. The vessels were very much enlarged, tortuous and thin-coated, many giving away, causing fearful hemorrhage. At this point in the operation the patient ceased to breathe, and became deeply cyanosed. The issue of life or death hung on seconds; quickly cutting through the cricoid cartilage, and the two upper rings of the trachea, I applied my mouth to the wound and blew her lungs full of air, and sucked out the blood that had run into the trachea. In the meanwhile Drs. Zimmermann and Wagner promptly inverted her by placing the flexure of her knees over their arms, and standing up on the bed, allowing her head to hang over the edge of the bed. By keeping up respiration in this manner for a few minutes, we had the pleasure of seeing the respirations become more natural, the bleeding ceased, and the color returned to the cheeks.

I now passed a silver wire through each side of the trachea, about the middle of the opening, and attaching elastics tapes to each end of the wires, tied them behind the neck in such a manner as to cause the opening in the trachea to gape widely.

The breathing immediately became easy, and the effects of the ether quickly passed away.

Same local application was continued, and anodynes ordered, to procure rest.

It may have been that the upper edges of the isthmus was cut during the operation, but Bryant says, "In many instances I have gone through the isthmus of the thyroid, and have never had any reason to regret it; indeed, I am almost tempted to believe that the dangers of its division are really theoretical, and may practically be disregarded."

She rested well the following night, waking occasionally to cough up considerable quantities of tenacious, frothy mucus. In the morning the appetite was good and the dullness of the lungs was evidently less. Continuing to improve for a week, and the mucus coughed up being much less in quantity and thinner, the wires were removed and a double silver cannula substituted. The wires caused some soreness of the skin where they entered the wound. The cannula was kept in for two weeks, when the improvement was sufficient to permit of its removal. The wound was completely closed in two days afterward. She could breathe very easily through the larynx, the ulceration of the pharynx had disappeared, as had the dullness of the lungs, with the exception of a small spot in the apex of the left one. The larynx looked somewhat like Fig. 54, "in colors," opposite page 326 of Browne's "Throat and its Diseases." The voice was, and is, slightly metallic, but is improving.

She is now feeling very well, and is attending her house and keeping store when her husband is absent, and has gained seventeen pounds in weight.

At first I took the case to be one of laryngeal phthisis complicated with spasm of the glottis. The spasm occurring upon waking up from sleep indicating that ordinarily the hyperæsthesia of the larynx was not sufficient to cause marked spasm, but was so when the mucus to be expelled was partially dried from longer retention during sleep, and of course more lumpy and irritating.

The dullness of the chest and mucous rales I now believe to have been symptoms of pulmonary œdema, the result of the obstructive inflammation of the larynx; inspiration being interfered with, the serum exuded into the areolar tissue to fill up the vacuum formed by the action of the inspiratory muscles. I was the more readily led into error by the confidence I had in the opinion of her first physician, but she did not offer him an opportunity for a second and careful examination, as he desired she should.

Even if it had been laryngeal phthisis, I should have recommended the operation, in view of relieving the suffering she was experiencing from the spasm of the glottis. I fully concur in the opinion expressed by Dr. Geo. M. Lefferts in a review of Browne's "Throat and its Diseases," in the *American Journal of Medical Sciences*, October, 1878, p. 463. "The operation cannot, of course, be curative; but it can and is often most markedly and mercifully palliative. We believe that there are many cases constantly occurring where it is imperatively demanded at the conscientious surgeon's hands; cases in which the indications for the operation are based upon common surgical principles, and where the relief which it will afford is not only great, but life itself is prolonged for a period extending far beyond the limit 'of a few days or weeks.' We have a personal knowledge of such instances, and venture to recall to our author's recollection the similar experience of Secowiski, Elsberg, Smith, Janeway, Ripley and others."

Dr. Frank Hamilton, "Principles and Practice of Surgery," p. 675, says, when the trachea tube is used, "a competent assistant must remain with the patient when the surgeon leaves, instructed to remove the inner tube occasionally, clean it with hot water and a sponge and return it." By use of the wires passed through the edges of the tracheal wound and tied behind the neck, the wound gapes widely, and the thick tenacious mucus, almost always coughed up in long stringy masses, can be readily removed by any watcher, or even by the patient, as was done in this case. Thus the very great danger of the patient choking to death by occlusion of the tube is obviated.

This was the fifth tracheotomy I had performed, and the second case where the operation had to be finished rapidly, with the blood flowing freely, on account of cessation of breathing, and artificial respiration with the mouth to the wound, and the inversion of the patient resorted to.

The other was a case of œdema glottidis. The man apparently died when he laid down on the table to be operated upon. After fully an hour of labor with him inverted, to keep the blood from running down the trachea, and constant resorting to artificial respiration, he walked to the next room and to bed. His regular medical attendant remained to watch him through the night.

The Doctor had to clear the tube of tough mucus several times when he coughed, to allow him to breathe, but when he had his last coughing spell he ceased to breathe, and died. The Doctor returned the tube the next day, stating that he had cleaned it, but to me it looked dirty, so I threw it into a basin of water sitting in the room, and went out. I returned in an hour or so and went to clean the tube, when I found it blocked full of fibrinous mucus, that had dried in the tube, but had enlarged with the moisture, so as to hang out of the tube fully two inches. This explained the death of the patient.

I then determined to try and devise some better means for holding the wound open, and had decided upon the use of the wire ligature, when I was more than gratified to learn that Dr. Henry A. Martin, of Boston, had been using the device successfully for more than thirty five years. See New York *Medical Record*, June 22d, 1878, p. 494.

In conclusion, I know of no opinion upon this class of cases more concise and replete with common sense, than that Bryant expresses, *op. cit.*, page 143. "In chronic laryngitis, whether tubercular, syphilitic or otherwise, tracheotomy may be required to prevent impending death, or as a means of cure. For the first indication it should not be postponed too long, for too long often means too late, some spasmodic attack carrying off the patient. When these attacks, consequently, appear, and recur, tracheotomy should be performed. Trachetomy, as a means of cure, is not sufficiently practiced. It has been hitherto generally performed in the class of cases to which I have just alluded, to rescue patients from the danger of impending suffocation, and to prolong life when threatened from laryngeal disease; and yet it must have struck most men, when watching cases which have been operated upon under these circumstances, how rapidly all laryngeal symptoms disappear, and ulcerative action undergoes a separative process, both in the pharynx and larynx, after a new passage has been obtained for the respiratory act, and complete quiescence of the parts has been secured by means of trachetomy? I have a strong opinion, therefore, that it would be wise to perform the operation of tracheotomy in ulcerative laryngeal affections at an earlier period than has hitherto been practiced, with the view of arresting the progress of the disease, and probably of saving the larynx as a respiratory and vocal organ, anticipating the time when the operation may be demanded for the purpose of preventing impending suffocation.

SUN AND AIR BATHS.

BY C. H. MERRICK, M D.,
Of Canyonville, Oregon.

I remember reading an editorial in the MEDICAL AND SURGICAL REPORTER, in which the idea was advanced that the prominent feature of medical knowledge and practice, in the near future, would be directed to the prevention rather than the cure of disease. The thought is a good one, and truthfully reflects the sentiment which actuates every genuine member of our noble profession. We have been told a thousand times by the great lights in the profession, and the sentiment finds a welcome in the heart of every honest physician, that it is as much our mission to prevent disease as it is our duty to cure its unfortunate victims.

Many years ago my attention was drawn to the wonderful capabilities and functions of the human skin; its power of enduring heat and cold; its condition and office as regards the cause and cure of many of our common diseases. Sea captains have related how the natives of the tropical islands would lie around in almost a nude condition, on the decks of vessels, with the sun's rays pouring down so hot as to melt the tar from the planks, yet appear not the least oppressed by the heat. Dana, in his "Three Years Before the Mast," speaks of sailors dashing cold water over their naked bodies in air below the freezing point, while doubling Cape Horn. Thousands of similar facts might be mentioned. Medical literature abounds with references to the skin, and the effect which light, air, and temperature, applied directly to the surface of the body, has upon health and disease. Sun baths are not a feature of recent medicine. Dr. Coventry says: "The sun's rays are indispensable to prevent the in ception and progress of tuberculosis." (*Trans. N. Y. Med. Society*, 1855.)

I might fill many pages of your journal with quotations of a similar character, but my object is not to argue a point about which there is but little difference of opinion. Facts are of more importance, and in hopes of leading medical men to use, oftener than they do, the power of light and air in the treatment of various diseases, I shall give my limited experience with this branch of therapeutics.

Case 1.—Telegraph operator; aged twenty-five; thin in person; suffers with cold hands and feet, especially after going to bed. Cough frequent but not distressing. Constantly "taking cold;" otherwise general health good. Read to him portions of Dr. C. R. Agnew's lecture on Otitis. "How may you and I learn to endure drafts and lessen our tendency to catch cold? By diminishing the morbid sen sibility of the surface of the body. This can be brought about by graduated exposure and friction of the skin in a daily air or sun bath, followed by such local sponge baths as you may be able to speedily react from. It is well, at first, in the air bath, to expose the body for a very short time only, such as would be spent in walking briskly across an ordinary bed chamber. After a little practice the length of the exposure may be increased. The salutary effect of this exposure may be still further increased by two or three deep, chest-filling inspirations, with closed mouth, and by a few such movements of the arms as would tend to invigorate the chest muscles and quicken the action of the heart. The entire surface of the body should be rubbed briskly with hair mittens, until there shall have been produced a sense of glow and warmth of the skin. Under all circumstances, it would be better to use a sunny room. Of course, imprudence in exposing the untempered nervous system of the skin for too long a time to a low temperature would defeat the grand purpose of the training, and bring the method into contempt. Invalids should enter upon it deliberately and continuously." (*Clinical Lectures*, Seguin, page 138.)

The patient was pleased with my prescription, and although in mid-winter, commenced "taking it." After a lapse of four months he wrote to me: "Cough all gone; hands and feet warm; gained six pounds in flesh; and, as telegraph operators say, everything is O. K. When I hear persons say they have a cold I laugh at them, and tell them they ought to be ashamed of themselves for having a cold when they can prevent it."

I should have mentioned that the first ingredient in my prescriptions of air and sun baths is the requirement that patients shall not sleep in the clothes worn during the day, and in no case must the exposure of the body to air or water be continued so as to produce chilliness and discomfort. I omit here all details as to good ventilation in sleeping rooms, diet, regularity of the bowels, etc.

Case 2.—Merchant; aged thirty-five; annoyed with rheumatism, constipation and sleeplessness. No cough except when having "a cold" which is pretty often. Sometimes for a whole week will not sleep more than one or two hours out of every twenty-four. Prescribed drugs and change of diet for constipation; air baths and frictions to the whole surface of the body; hot water baths once or twice a week. Three months after commencing treatment patient reported every symptom much better; can sleep six to eight hours every night; rheumatic pain in the back all gone; coughs some occasionally, but not worth noticing.

Case 3.—Unmarried lady; nineteen years old; tall, but in fair condition as to flesh; has coughed at night for two years; troubled with nasal catarrh, sore throat, and a constant tendency to "take cold." Has taken gallons of

patent medicines, to ward off consumption, of which disease she has a horror. Some soreness under the clavicles, as she complains of being hurt when I use moderate percussion. Bowels and uterine functions regular and natural.

I gave her a lecture upon the skin and how it should be treated. She thought it was not possible for her to wear flannel under clothing, as it "irritated the flesh so;" but after a few weeks of trial she subdued that sensitiveness of the skin. She writes: "Father had a bay window built to my bed-room, facing to the east, and now, every morning, when the sun's warm rays come over the eastern hills, they find me ready to receive their health-giving influence. I am surprised at the pleasure and benefit I receive from daily sun and air baths; sun and air in the morning, air at night; for I must tell you that I sometimes sit and write or read two or three hours before going to bed, clothed only with a loose robe, made of common mosquito bar netting, to keep the flies from annoying me. My friends, as well as I, are delighted with the improvement in my general health. The frictions to my chest, with gentle fillipping over and under the collar bones, and especially the trapezium exercise, has removed all soreness from my lungs and developed the muscles of my arms and shoulders very much."

I should have mentioned that I directed this patient, as well as some of my male patients, to fix a swinging bar in her bed room, and when she wished to stretch or yawn, to catch the bar with her hands and support her body for a few seconds, free from the floor.

I have a number of other cases I might report, but to save space I will condense them into a few general statements. Another young lady, annoyed with obesity, declares that she has reduced her weight fifteen pounds in six months, by daily frictions to the whole surface, in the cool air of her room. She uses dry towels and her bare hands in preference to woollen mittens or hair brushes. She remarks that my prescription is far better than the "Anti-Fat" humbug. Physicians will see nothing unreasonable in the statement that air baths in one case increase the quantity of flesh, and reduce it in another, as paucity of flesh and obesity are both departures from a normal, healthy condition.

A gentleman, forty years of age, writes that he is surprised to think that he has lived to be of that age without experiencing the luxury of air baths. His neuralgia has left him entirely, and what seems to please him as much as any feature of the "cure," is the restoration of virility, a partial loss of which seemed to affect his mind unfavorably. To the profession I here remark, that in addition to the reading of Agnew's lecture to him, I gave him a good dose from Acton on the "Reproductive Organs."

I am watching a case of asthma of ten years' duration; the patient a clerk in a county office. Latest report indicates a decided improvement in all the symptoms. The patient is enthusiastic in his praise of air baths. "Every day I long for the evening to come, when I can bolt myself in my room and read and write for hours, with not even a fig leaf to prevent free contact of air with my skin." I have heard that John Quincy Adams attributed his vigorous health to the daily practice of passing an hour or more in his room divested of all clothing. I believe it.

In conclusion I notice an idea which, no doubt, has already arisen in the minds of my readers, namely, the difficulty of putting the air and sun bath cure into practice. Laboring men and women cannot give the time often necessary to harden the skin against the tendency to take cold. Our houses are not well arranged for such daily exposure of the body as is necessary. To such objections I reply that if life and health are worth preserving, and if this system of baths adds materially to the restoration and preservation, then, "where there is a will there is a way," and some expedient will be resorted to in order to reap its benefit.

The Action of Toad Poison on the Human Body

The *Chemist and Druggist* relates this:—

A child, six years old, followed a large toad on a hot summer's day, throwing stones at it. Suddenly he felt that the animal had spurted some moisture into his eye. There suddenly set in a slight pain and spasmodic twitching of the slightly injected eye, but two hours after coma, jumping sight, desire to bite, a dread of food and drink, constipation, abundant urine, great agitation, manifested themselves, followed on the sixth day by sickness, apathy, and a kind of stupor, but with a regular pulse. Some days later, having become comparatively quiet, the boy left his bed; his eyes were injected, the skin dry, the pulse free from fever. He howled and behaved like a madman, sank into imbecility and speechlessness, from which he never rallied.

Hospital Reports.

COLLEGE OF PHYSICIANS AND SURGEONS, NEW YORK.

CLINICAL LECTURE BY PROF. T. GAILLARD THOMAS.

REPORTED BY P. BRYNBERG PORTER, M.D.

Subperitoneal Uterine Fibroids.

Gentlemen:—Our first patient to-day is Mrs. Margaret Q., a native of the United States, and forty-four years of age. She was never pregnant, and has now been a widow for four years. She comes for the purpose of having a diagnosis made in her case, and this we will endeavor to do for her.

How long have you been sick, Mrs. Q.? "About eight years, as well as I can remember." Was it before or after your marriage that you first began to complain? "After it. I was married fifteen years ago." What symptoms have you had? "I have not suffered from pain at all; but eight years ago I noticed a growing enlargement." Where was this seated? "On the left side, low down." You have had no pain at all, you say? "None whatever; but I am troubled a great deal with my bladder." In what way? "I cannot always control it, and pass my water much too often." Is there anything else that you complain of? "One time, seven or eight years ago, I had a very severe attack, which came, I think, from cold, and which kept me in bed for three months." Did your physician tell what was the nature of this attack? "No; but I think it must have been inflammation." Did you have any pain at that time? "Yes, a very high pain, and I was delirious a part of the time." Did you suffer also from pain? "Yes, the most intense pain." Are you regular in your monthly periods? "Yes."

To recapitulate briefly, the patient, about eight years ago, noticed that something was wrong about the left iliac fossa. This was an enlargement of some size; and not long after she discovered it she had an acute inflammatory attack, which confined her to bed for three months, and rendered her delirious during a portion of the time. Since then she says she has noticed nothing except that the mass in the side is, as she thinks, increasing. It gives her no trouble whatever, except some little inconvenience in regard to the bladder.

I will now show you upon the blackboard a diagram which indicates what is the condition of affairs as revealed by a physical examination. When the finger was passed into the vagina the uterus was not found in its normal position, but pressed up close against the symphysis pubis by something situated behind it. This proved to be a mass almost as hard as a billiard ball, which was found to fill up the whole cavity of the pelvis. The uterus thus being made to crowd upon the bladder, that viscus is prevented from filling with urine. The effect upon the bladder is precisely as if it were held between the two hands and thus constantly compressed. When the finger touches this mass by the vagina the observer is at once struck with its peculiar hardness and resistance. When conjoined manipulation is employed it is ascertained that the mass also extends above the uterus, that it is continuous with it, and that it can be moved with the organ, but is otherwise quite immovable.

Those of you who have followed the clinic at all closely will be at no loss in arriving at the correct diagnosis here, viz., uterine fibroids. From the peculiar nature of these growths, Virchow thought that they ought more properly to be called myomata, rather than fibroid tumors.

But what else might this mass in the pelvis be? certainly not an ovarian cyst, because it has none of the characteristics of such a tumor, and because it is so closely connected with the uterus. It might possibly be a fibroid growth of the ovary. But this is an extremely rare affection, and hence not at all likely to be met with. I myself have seen one case of it, and Professor Van Buren once removed an ovarian fibroid in this city; but these are the only two cases which I have personally known of. Dr. Peaslee refers to them in his work, but mentions very few well authenticated cases beside them.

There can be no reasonable doubt, therefore, that this patient is troubled with uterine fibroids; and the acute inflammatory attack from which she suffered a few years ago was probably one of pelvic cellulitis or peritonitis, and very likely both.

I have now something particular to say in regard to the prognosis in this case. Suppose you had recently received your diploma, and had just commenced to practice, when this patient presented herself at your office. It would be necessary for you to be very careful lest you should commit an error which would expose your want of experience. On first meeting with a mass of fibroids filling up the pelvis, as is the case here, the young observer is very apt to imagine that the condition must be a very serious one, and give a prognosis that is altogether too grave. But I do not doubt that the patient now before us has just as good a chance of long life as any individual in the room. You will understand, I trust, that I am not now speaking of the prognosis of uterine fibroids in general, but only of this particular case. Were the patient twenty years younger than she is, with the greater portion of her menstrual life still before her, and especially were she of the negro race, in which the development of fibroids is so remarkable, I should certainly speak by no means so confidently. But this woman is forty-four years of age. The uterus is, I think, already beginning to grow smaller, and the fibroids here present are now of a character which is peculiarly unlikely to increase in size, viz., they are spherical in shape and exceedingly firm. Were they soft and

pulpy to the touch, the case would be very different. These are so firm and resisting as to be almost like billiard balls, and they are evidently having no injurious effects upon the patient's general system. Then, look at the past history. Many women come here with uterine fibroids, who are completely exhausted from hemorrhage, and the interference with digestion and nutrition by the opium which they have been obliged to take for the relief of pain. Yet this patient has had them for at least eight years, and still remains perfectly strong and well. We, therefore, make a very favorable prognosis here; probably more so than in any case, with possibly a single exception, which has been before us during the whole course.

Now as to treatment, I should say, make it a point not to interfere at all, but to let the patient absolutely alone. Here, again, you must remember that I am speaking of this particular case, and not of fibroids in general. In a year more the menopause will probably occur, and then these fibroids will also be affected by the same atrophy which is always seen in the uterus after the climacteric period has been passed.

I have just been asked whether I introduced the uterine probe or sound in this case. I did not do so, for two reasons: first, because there was really no object to be gained by so doing, and secondly, because, in order to have passed it, some wounding of the uterus would probably have been unavoidable, on account of its malposition, and there was, of course, no necessity for doing this.

Small Monocystic Tumor of the Ovary in Douglas' Cul-de-Sac.

Our next patient is Mrs. Mary G., a native of the United States, and fifty years old. She has had four children and one miscarriage, and has been a widow for the last fifteen years. Her last pregnancy occurred seventeen years ago. First let us get the history of the case from the patient herself, as far as we are able.

How long have you been complaining, Mrs. G.? "Well, I cannot exactly say how long." For five years? "Yes, for at least seven years; but I have been worse during the last two years." From what have you suffered during that time? "Weak back, pain in the back, and hot flushes running over the bowels and then down along the thighs." From anything else? "A great pressure on the bladder, causing me to pass my water very often."

Any one practicing medicine in a superficial manner would be very apt to prescribe for such a case as this in a general way, without thinking it worth while to make any physical examination whatever, and, perhaps, he might not be very greatly to blame for doing so. You have heard the symptoms of which this patient has been complaining for seven or eight years, and which have become greatly aggravated during the last two years. Suppose she had come to your office with this history, and you were not satisfied to treat the case on general principles—perhaps as a neurosis of the part of the system affected—and had insisted on making an examination per vaginam. The following is the condition of affairs which you would thus have discovered. In the first place, the uterus is markedly anteflexed, and so pressing directly against the bladder. At once, you perceive, we have a sufficient explanation of the symptoms in connection with the latter organ, without resorting to the hypothesis of any neurosis. As the menopause occurred five years ago, this malposition of the uterus is important only on account of its effect upon the bladder.

But this is not all that you would have ascertained by your exploration. On passing two fingers up behind the uterus (and I would strongly advise you always to employ two fingers, instead of the index one alone, whenever you wish to reach well up into the pelvic cavity, on account of the great advantage which this method gives for so doing), you would have discovered a perfectly movable mass of considerable size, in Douglas' cul-de-sac. The first thing that suggested itself to me when I found it, was, that it was a fibroid, and I thought that its mobility might be explained by the fact that it, perhaps, had a long pedicle. But on resorting to conjoined manipulation (which could be performed with peculiar facility in this case, both on account of the senile atrophy of the tissues of the abdominal walls and their laxity, from the effect of child-bearing), I found it was altogether too soft for a fibroid.

Further palpation, with one finger pressed up into the rectum, enabled me to determine that it was undoubtedly a slowly growing ovarian cyst, of about the size of a goose egg, which had fallen down into Douglas' cul-de-sac. By its presence there all the symptoms of the case were satisfactorily explained. By its mechanical effect in pressing the body of the uterus forward upon the bladder the irritability of that viscus was unquestionably due, and the other troubles of which the patient complained were all accounted for by the reflex nervous disturbance occasioned by the presence of this mass in such a position.

By thus ascertaining by physical exploration the actual condition of the pelvic viscera we have gained two very important points. First, we have found how utterly useless all general remedies would be in the case, and, secondly, we may be able to save the patient from the serious operation of ovariotomy.

It is impossible to say whether this cyst is going to increase much in size or not; for it is, in my experience, a very uncertain matter. These growths not infrequently remain dormant, or, at all events, increase but very slowly, for many years. I now recall the case of a young lady in this city, who, while returning from the theatre one evening, in a stage, suddenly felt a severe pain which seemed to be caused by the jolting of the vehicle. I was sent for late at night, and on making an examination, I discovered a cyst of the size of a large apple, just in the position of this one. For eight and a half years its growth was exceedingly

slow, but it then suddenly began to increase very rapidly, and at the end of six months more I removed a very lare monocystic tumor, by ovariotomy.

I have also known of another case in which the mass was in the pelvic cavity, and could be felt through the abdominal walls, rolling about under the hand when palpation was made, but in which there was neither increase nor diminution in size for a period of four years, during which the patient was under observation. The above remarks apply only to this monocystic variety of ovarian growths, and not to the polycystic tumors which are so much more frequently met with.

But suppose this cyst should increase markedly in size. I should then recommend aspiration through the wall of Douglas's cul-de-sac. This would not be done for the purpose of establishing the diagnosis, but in the hope of effecting a cure in this way, as is sometimes the case. Should such a happy result not be obtained, I would perform vaginal ovariotomy, an operation which, to my certain knowledge, has been performed in at least twelve or fourteen cases, and in no instance, so far as I am aware, with a fatal result. The manner of performing it is, briefly, as follows: When the growth has attained the size of a child's head at birth, an incision is made through the posterior wall of the vagina, and the contents of the cyst drawn off with the aspirator. The walls of the sac are then hooked with a tenaculum, and having been drawn down through the wound, its attachments are slowly severed by means of the écraseur. But, you must understand that, notwithstanding the immunity from loss of life that has hitherto attended it, this is a capital operation, and is by all means to be avoided, if possible.

What, then, is to be our treatment here at present? Very little attention need be paid directly to the cyst, I may remark. Some would apply electricity, the constant current being employed for the purpose. But the question of the utility of this agent in the treatment of ovarian growths is, as yet, in a state of utter chaos. One gentleman, Dr. Semileder, of the city of Mexico, was successful in curing six cases in succession by electrolysis, and hence, encouraged by this remarkable result, he naturally recommended it in all cases. The method was tried here very extensively, and I have myself seen it employed in three instances. The first case was at the Woman's Hospital, and was under the charge of Dr. Semileder himself. He made three applications of the electricity, and by the time they were completed the temperature had gone up to 104 degrees. The operation of ovariotomy then had to be hurried through with, and I think the patient was thereby saved from the peritonitis which seemed so imminent.

In the second case in which I saw electrolysis employed, I had made a little mistake in diagnosis, thinking the tumor to be of a fibro-cystic character, while it was in reality an ordinary polycist of the ovary. In that case the application was repeated five or six times, when acute peritonitis supervened, and soon put an end to the patient's life. The third case was that of a female physician, and ten days after the electrolysis I saw her death in the paper, the fatal result being caused here also by acute peritonitis, in consequence of the operation.

In this connection, I merely state facts which have come under my own observation, and draw no deductions; but I think I have said enough to warn you that it is at least best to be cautious in the use of this method of treatment. Some time ago I went to Boston, on the invitation of Dr. Ephraim Cutler, a very faithful worker in this department, and there saw him make use of electrolysis in the case of a colored woman. This was the only instance in which I have seen an ovarian cyst in one of the negro race. The rarity of this affection, however, is compensated for by the remarkable frequency of fibroids among negresses. By this means Dr. Cutler succeeded in reducing the tumor to the size of a cocoanut, but, unfortunately, after a time it commenced growing again, and having rapidly attained a size greater than it had ever had before, ovariotomy was finally resorted to. I do not know the result of the operation.

Dr. Ward informs me that just a month before his death Dr. Peaslee performed ovariotomy in the case of a patient in whom electrolysis had been employed by another gentleman, and had given rise to acute peritonitis. She died upon the table.

In this case no medicine of which I have any knowledge will be of the slightest service in getting rid of the cyst or preventing its further growth.

Ovariotomy: Resulting Peritonitis Successfully Treated by Cold-Water Applications.

Last Saturday afternoon, just a week ago lacking one day, a number of the gentlemen who are now present saw me perform ovariotomy at the Woman's Hospital; and as the case has proved an unusually interesting one, I will now give you a short history of it, and the subsequent treatment that has been employed. It was one of the worst cases in which I ever operated, on account of the extreme exhaustion of the patient. The physicians who had been in attendance upon her had made an error in diagnosis; for they had not only supposed her to be pregnant, but had even gone so far as to predict that she would give birth to twins. The ovarian disease had thus been allowed to progress unmolested until the patient, as I said, was utterly exhausted. But as ovariotomy offered her the only possible chance of her life, I concluded to undertake it. The operation was performed at 3 o'clock on Saturday afternoon, and at 6 A.M. on Sunday her temperature was 100°. At 8 it was 100½°; at 10, 102°; at 12 (noon), 102½°; at 1 P.M., 102¾°; at 3 o'clock (twenty-four hours after), it was 103°. In other respects, also, the patient's condition was exceedingly alarming. She suffered the most

agonizing pain, notwithstanding the fact that she was semi-narcotized with morphia; her pulse was 130, and she was constantly retching and gulping up bile. I felt perfectly sure that unless some active interference was made in the case, the temperature would be 105° or 106° by the next morning, and that within twenty-four hours after that death would result

For the last three months I had been waiting for just such a case as this, and had fully made up my mind as to the course I should pursue, in the treatment of it. By my direction one of Dr. G. W. Kibbee's fever cots, which is provided with a webbing or network instead of the ordinary canvas used in cots, was brought, and a folded blanket placed over the meshes of the latter. The patient was then placed on it, with her night dress gathered up under her arms, and her whole trunk enveloped in a sheet. This was kept saturated with cold water, which an India-rubber cloth, conveniently arranged, prevented from wetting the floor. In one hour the temperature had gone down to 102°, in two hours to 100°; and during the course of the evening it fell to 97°. The pulse also went down in a corresponding manner. The patient has now been kept in this wet-pack for nearly a week, and whenever the temperature has shown a tendency to rise fresh applications have been made, and always with the result of at once reducing it. To-day her temperature is 97° and her pulse 110 to 115; so that I think she can safely be pronounced out of danger.

There is no doubt that she has had acute peritonitis, and from the great severity of the onset of the attack I cannot but believe that it would have proved rapidly fatal but for the promptness of the treatment and the persistency with which it has been carried out. On account of the intensity of the pain suffered it has been necessary to administer immense amounts of morphia hypodermically; but it was simply for the purpose of relieving this that it was given. Whenever, in a case of this kind, the temperature goes up to 103°, and this is accompanied by a rapid pulse and the vomiting of bile, I feel sure that the patient is going to have peritonitis. The method of treatment employed in the present instance, I may say, has fully come up to my anticipations, though I do not think its results have at all surpassed them.

Fungoid Proliferation of the Lining Membrane of the Uterus; Hysterical Aphonia in Consequence of the Hemorrhage Resulting from it.

Our last patient to-day is Mrs. Louisa S., a native of Germany, and forty-one years of age. She has had eleven children and three miscarriages, and her last pregnancy occurred three years ago. She is unable to speak any English, and so her physician has sent her with a letter, in which he states that she suffers from painful, profuse, and very irregular menstruation. The uterine hemorrhage not infrequently lasts for six weeks at a time. It never ceases for any extended period, and is often so exhausting as to cause the patient to faint away. While the flow continues, her voice is natural in character, but as soon as it ceases she suffers from complete aphonia.

Whenever you find uterine hemorrhage present, always look for some definite cause for it, and I cannot too emphatically warn you against attributing it, in a hap-hazard way (without investigation), to chronic endometritis, the change of life, or, least of all, to that convenient resource, "congestion." This is sometimes a useful term to make use of in speaking with patients, but it is generally employed as a cloak for ignorance.

On making an examination here, I found the uterus (whose cavity I afterward ascertained to measure three and a half inches,) rather lower in the pelvis than it should have been; but I think this descent is merely owing to the increased weight of the organ. I looked first at the cervix, for I would not have been surprised to find that the hemorrhage was due to an extensive laceration there; but this I found was not the case. Then I endeavored to ascertain if there were any fibroids present; but was able to detect no sign whatever of anything of this kind. These growths originate and keep up hemorrhage from the uterus, by interfering with venous return, and so causing constant engorgement of the organ. Another cause of frequent and severe metrorrhagia is impaction of fecal matter in the rectum, which acts very much in the same manner. Neither, however, did this exist in the present instance.

I now looked for a cause of uterine hemorrhage which is more frequently met with than any other with which I am acquainted, and that is fungoid proliferation of the lining mucous membrane of the organ. Turning the patient upon the side, I introduced the speculum and passed the copper wire curette into the cavity of the uterus. After gently scraping the surface of the latter, I withdrew it, and with it a number of little polypoid growths, which at once amply accounted for all the flow that has so exhausted the patient. In a case of this kind it is always of service to introduce the curette, for if none of these fungoid masses are removed by it, it enables us to exclude the most frequent, as I said, of all the sources of uterine hemorrhage. Its use is all the more strongly to be urged for the reason that no possible harm can result from it.

Now, having ascertained the cause of all the trouble, the treatment of the case is exceedingly simple. By means of the curette the whole surface of the uterine cavity should be carefully scraped, and this little operation can be performed with perfect impunity here at the clinic. At the first menstrual period after this is done the patient will, in all probability, lose considerably more blood than she ought to do; but after that the amount of flow will only be of normal quantity. As a result of the application of the curette, the uterus will also return to its natural size, on account of the removal of

the engorgement which has hitherto been kept up in it.

The loss of voice here noted is, no doubt, to be regarded as what is known as *hysterical aphonia*, a condition which may be induced by any cause profoundly affecting the nervous system, like the exhaustion resulting from the profuse hemorrhages in this case. When the patient once more regains her usual state of health it is to be expected that it will entirely disappear.

Medical Societies.

COLLEGE OF PHYSICIANS OF PHILADELPHIA.

At the regular meeting of the College in September a report of the committee

On Meteorology and Epidemics, for the Year 1877,

including a notice of the increasing frequency of deaths from cancer, was read by Richard A. Cleemann, M.D.

He gave the thermometric mean of the year at 54.2°. The highest point reached by the thermometer during the year was 95° Fahr., in July, and the lowest 8° Fahr., in January, making a range for the whole year through 87° Fahr. The differences between the extremes of temperature in the several months were greatest in those of the spring, and least, as is usual, in those of the summer and early fall; the latter were indeed more equable in temperature than common, as were also the winter months, the ranges of January and February being each 9° Fahr. less than their average variations for six years; during the whole of the former month the surface of the Schuylkill River remained frozen over. The order of the individual months, with regard to their extent of range, is, March, 52° Fahr., April 50° Fahr., May 49° Fahr., November 46° Fahr., February 44° Fahr., January and December each 41° Fahr., June 39° Fahr., October 38° Fahr., September 36° Fahr., July 34° Fahr., and August 30° Fahr. The first autumnal frost was observed on the 23d of October, and ice appeared on the 12th of November.

Rainfall.—Only 37.26 inches of rain and melted snow are recorded for 1877, a considerably less amount than the average rainfall for six years, 45.43 inches, while the number of wet days falls below the mean of 139 to the figures 113. But one heavy snow storm, that of January 1st, occurred during the year. The lightness of rainfall belonged to all the seasons except the fall, in which the latter months, especially October, were more wet than usual.

There was a gratifying falling off in the death-rate of Philadelphia for 1877, since the number of interments, excluding those of children dying after premature birth and of the stillborn, was but sixteen thousand and four, less by two thousand eight hundred and eighty-eight than in the year before, a reduction of somewhat more than fifteen per cent. (Table C.)

Estimating the population of the city at the middle of the year to have been 860,000, the ratio of mortality for 1877 is 18.6 deaths per thousand of inhabitants, a ratio 4.3 per thousand inhabitants less than the ratio for the previous year, and 3 per thousand inhabitants below the average for ten years, 1866–1875. This is the lowest death-rate to be found in the records of Philadelphia during the last eighteen years, the period in which the registration is sufficiently accurate to be depended upon, being less than that of 1867 and that of 1874, exceptionally healthy years. It even rivals the ten years' mean of certain of the more healthy rural districts of England.

The deaths of males, in number 8138, exceeded, as is the rule in Philadelphia, those of females, recorded as 7866. Of the whole mortality, 24.5 per cent. occurred within the first year of life; 7.5 per cent. between the first and second years; 8 per cent. between the second and fifth years; 5 per cent. between the fifth and fifteenth; 13.4 per cent. between the fifteenth and thirtieth; 24 per cent. between the thirtieth and sixtieth; and beyond the sixtieth year 17 per cent. These figures echo, notwithstanding the general healthfulness of the year, the old story of excessive infantile mortality.

An examination of a list of the deaths, classified according to their causes (Table C), shows the mortality to be divided among the several classes in the following proportions: zymotic diseases 23 per cent.; constitutional diseases 24.5 per cent.; local diseases 38 per cent.; developmental diseases 10.6 per cent.; and violent deaths 3.4 per cent. In the previous year the ratios of the several classes in the same sequence had been 25, 22, 39, 10 and 3 per cent. respectively, so that in 1877 there was a relative decrease of deaths in the zymotic and local classes. When the actual ratios in the several classes in each year are compared there is found a falling off in every one of them in 1877: the zymotic diseases decrease 23 per cent., the constitutional 7, the local 16, the developmental 11, and the violent deaths 8 per cent. Analyzing, now, the decrease in the zymotic class, it appears that the deaths were less in every important one of the special diseases but scarlatina, which numbered a slight excess of victims. Yet the quota of several are still high. The record gives small-pox only 155, but scarlatina 379; diphtheria 458; croup 338; typhoid fever 542; and cholera infantum 979.

In the report for 1875, a year in which the deaths from scarlatina numbered above a thousand, I laid some stress on the good effects, as regarded the limitation of the disease, to be looked for from isolation of the patient and disinfection of his surroundings; therefore, I need say nothing more on those subjects here; yet I wish to present an incident which lately fell under my notice, that illustrates the deplorable results which may attend a disregard of the infective powers of the poison. A young girl

suffering from scarlatina was received into the house of a relative and lodged in the garret; it was in the month of July, and this room was stored with the heavy bed quilts which the warmth of the season had temporarily banished from use. The case was a mild one, the patient soon recovering. In November following I was called again to the dwelling to treat two sick children, both of whom I found to be also attacked with scarlatina, one of them, a boy of six years, so severely that he evidently had but a few hours to live. They were lying in a lower story of the house, but before they were taken sick, some bed coverings had been brought down from the room which the young girl had occupied in the summer, and spread upon their bed, to guard them from the increasing cold of the autumn nights. No point is strained in connecting these two cases of the fever with a contagion lurking in the quilt

Diphtheria, though it decreased in mortality more than one-third from its rate in 1876, was yet responsible, as we have seen, for 458 deaths; falling off but slowly, as I ventured to predict in my last report. The decrease was quite generally distributed through the city, the chief exceptions being that the richer quarter, the "city proper," with some adjoining territory, showed a slight excess, a fact parallel with one to which I have called attention above, in speaking of scarlatina. In the 21st Ward (Manayunk), however, where it will be remembered the disease was especially severe during the two years previous, the decline in mortality was very marked, the numbers 72 and 39 of those years being now replaced by 7. This experience also has a counterpart in certain features of the course of scarlatina, its behavior in Germantown and Frankford, already cited. The frequent intercourse between the inhabitants of small towns, a condition by which I attempted to explain, in an earlier report, the greater severity of epidemics in such places, may be now invoked to account for their more abrupt decline there; evidently the stock of the susceptible is more quickly exhausted, just as it is in filthy localities, where the dirt proves such an efficient poison bearer.

In summing up the mortality of diphtheria by the quarters of the year, it comes out that the last quarter furnishes the most deaths, 157 to 120 in the first. Notwithstanding, then, its general decline, the disease was again, like saarlatina, making a fresh start at the close of the year, giving an ominous outlook for 1878.

The deaths from croup were 12 per cent. less than in the previous year. The greatest falling off was in the 21st Ward (Manayunk), from a mortality of 23 to 2. I have alluded above to the very considerable diminution of the deaths from both scarlatina and diphtheria in this same locality. The 23d Ward (Frankford) also had a much lessened mortality, side by side with the diminution in the number of deaths from diphtheria, while the 13th, 14th, 15th, and 28th Wards also declined in this special death-rate more than the general average of its decrease. On the other hand, as with scarlatina and diphtheria in the "city proper," there was an excess of deaths from croup over those of the previous year in that district. The mortality also increased very much proportionately in the 18th Ward, the 22d (Germantown), and the 28th; in the last, where only one death was reported from the disease in 1876, there were 7 noted in 1877.

The general tendency of croup at the close of the year was toward an increase of mortality, the first quarter having given but 93 deaths, while the last gave 146. This parallelism in behavior with the last two mentioned zymotics, keeps before us the close relationship of the conditions which give rise to these several manifestations of disease.

In 1876, as my last report declared, the special feature in the mortuary list was the increased mortality from typhoid fever. Last year the deaths from this cause fell off 30 per cent. Their actual number, 542, is still, however, considerably above the average (386) computed for a period of ten years (1866–1875). The mortality (Table E) was less than that of 1876, in each of the wards except the 3d (which had not shared the increase of the previous year, and now only reached its ten years' average), the 7th, the 12th, and some of those municipal divisions which are suburban, namely, the 21st (Manayunk), the 23d (Frankford), the 25th (Bridesburg), and the 28th. In general, it may be said there was a decided tendency on the part of the several wards to approximate in their mortality their ten years' averages. This is what was to be expected if the chief cause of the epidemic in the previous year was, as I supposed, of the nature of an exceptional meteorological condition, like the unusally long-continued high temperature of 1876.

The class in which the greatest reduction of mortality is observed is that of local diseases, the one which furnishes the largest contingent to the whole mortuary list. Here it is not difficult to trace the benign influence of the meteorological conditions, keeping down the death rate of the diseases of the nervous system in the summer, and of affections of the respiratory organs in the colder months. In the class of developmental diseases there was a diminution of more than 250 deaths from the special causes of debility and inanition, conditions eminently influenced by extremes of temperature.

Thus, in reviewing together the mortality of the two years, 1876 and 1877, we must be deeply impressed with the great weight of meteorological conditions in determining the death rate; and, as a consequence, must recognize the great importance of guarding against the pernicious effects of these by the wear of suitable clothing at all times, the judicious use of fires in winter and bathing in summer. These are measures, the mention of which may be trite enough, but it is possible they may be lost sight of in the greater prominence given of late years to other agencies, valuable in the preservation of health, such as drainage, sewerage and ventilation.

An exception to the almost general decrease of mortality among the several nosological orders in 1877, is found in the case of diathetic diseases, under which heading are recorded 539 deaths against 518 in the previous year. The excess is due to the registration of 25 more deaths under cancer, the whole number reported from this cause being 327. There is, however, no special significance in this increase for a single year, since in going back over the records for several years I came upon instances where, in a twelvemonth, an equal decrease was observed, but it recalls to me a question which I have heard asked, "Is not cancer increasing among us?" The answer must prove interesting, and with a view of throwing some light upon it, I have appealed to the bills of mortality accumulated through many years in the office of the City Registrar. Though these records were but indifferently kept till the Act of Legislature for the "Registration of Births, Marriages, and Deaths," approved March 8th, 1860, went into effect, many deaths, no doubt, escaping registration, yet it is likely that the special death rate from cancer was not diminished thereby any more proportionately than the general mortality. So it has been assumed that the comparison of the ratio of the deaths from cancer to the whole number of deaths reported for each year will furnish us at least approximatively true results for our purpose. But for the later years, when the statistics became sufficiently reliable, I have also made use of the ratio of the deaths from the special disease to the living population.

Going back seventy years, from 1876 to 1807, I have tabulated (Table F) for that period 6279 deaths from cancer in a mortality from all causes of 564,518; including under the heading "cancer," 216 deaths registered as from scirrhus, 96 recorded as from fungus hæmatodes, and 30 which were distributed under other names. The whole number of years have been divided into groups of five, an arrangement which possesses several advantages, as, for instance, giving us larger values to deal with, which is desirable in calculating ratios; serving to eliminate in some degree the disturbing effects of meteorological and epidemic influences on the general mortality of single years, and securing brevity. The sex and the age of those who died from cancer are given, their actual number, the total mortality from all diseases, and the ratio of the deaths from cancer to this; also, for the later years, the ratio of the special disease to living population.

The table (F) gives 4.5 per thousand as the proportion of the deaths from cancer to the mortality from all causes in the first period of five years (1807–1811), and in the last lustre (1872–1876) the ratio 16.4; hence, according to these figures, there has been an increase during sixty-five years in the proportion of the special death rate to that from all causes, of nearly 400 per. cent. The increment, however, does not appear to have been evenly acquired, for while during the first twenty-five years the variation does not reach 25 per cent., it leaps forward in the next five years nearly 40 per cent.; then, for a period of twenty-five years the ratio is less augmented, though in one contained lustre (1842–1846) an advance of more than 30 per cent. is made, to be lost again in those subsequent; then there is another great step of 40 per cent. in the next five years; once more a pause, or indeed a slight decline for a lustre, followed by a rise for the last ten years of 28 per cent.

The astonishing result is in great measure confirmed when we appeal to calculations made with the ratio of the deaths from cancer to the population of the city; a more reliable method evidently, than the one employed above, because we get rid of the influences which disturb the value of the general mortality. By this means we learn that in the period from 1862 to 1866 there was a yearly average of 3.14 deaths per ten thousand of the population living, while in that from 1872 to 1876 the ratio was 3.92 per ten thousand, making an advance for the later years of 25 per cent.

The objection may be made to accepting the increase of cancer as a fact, that the greater precision of modern diagnosis has brought under the head of cancer many cases which would formerly have been classed as tumors, ulcerations, strictures, or simply diseases of various organs.

In answer to this supposed criticism, to which I was at first inclined to allow a great deal of force, I offer a table (G), recording the deaths assigned to tumor during the same period as that covered by the table for cancer, and of like construction to the latter; having chosen the caption "tumor" because it is the term which seems to me most likely to cause confusion in the records of cancer.

From the table (G) it will be seen, however, that the number of deaths attributed to tumor, relative to the mortality for all causes, has not decreased as it should have done were more morbid growths recognized in later years as cancer, but that on the contrary the value of the proportion has been augmenting, like that of cancer. It is worth noting, however, in this connection, that if the two tables were consolidated the march forward of the combined values in the successive periods would be more uniform than is that of either alone; and it may be added, that for the later years, at least, the reported increase in the deaths from cancer has been at a more rapid rate than has any change of pathological views.

Analyzing the cancer table with reference to the distribution of the deaths between the sexes, only a little variation in this respect is seen to have been wrought in the long period; but this little is constant, and tends to diminish the preponderance on the side of the females. For instance, between the years 1832–1861, 71 per cent. of the deaths fell among the latter, while between 1862–1876 the proportion fell to 70 per cent., and between 1872–1876 reached only 68 per cent.

In regard to age, the figures would show that

cancer in the earlier years of life was more common formerly, but the numbers are not large enough to give weight to this result. The vast majority of the cases are seen to have always occurred in persons between the 40th and 70th year of life, and the greatest number in those between the 50th and 60th. Were the tables relating to cancer and tumor consolidated as above suggested, the distribution of the deaths among the young would not vary so much in the different periods.

The rise in the number of deaths reported from cancer is not confined to the mortality records of Philadelphia. In looking over the lists of deaths in London for thirty years (1845–1874), I have found that the mortality from this cause has advanced from 3.4 per thousand inhabitants to 5.7 in that period, or 70 per cent. Comparing the respective mortality from cancer in the two cities during the year 1862, and again during 1874, I found that the deaths in London during the earlier year were 1333 in a population of 2,860,117 souls, or in the ratio of 4.7 per ten thousand inhabitants, in the later year 1929 in a population of 3,400,701, or 5.7 per ten thousand. In Philadelphia the ratios were 3.1 and 4.0 respectively in the same years. So that in latter times the number of deaths reported from cancer has been increasing in both cities in large proportions; at a less rate in the British metropolis than among ourselves, but the disease carries off relatively a larger proportion of the inhabitants of London.

These statistics paint for us an awful picture of the future ravages of cancer, if we assume that the disease will continue augmenting the number of its victims at the present rate. But we have seen that the advance has been irregular and halting, and we may hope that the halt will be some time prolonged, or, perhaps, even a retreat take place, else would not the disease, well known in the far-off days of Hippocrates, before this time have exterminated the race?

Nevertheless, the origin of cancer is so obscure, and the special conditions favoring its growth so little known, that we can with certainty predict nothing of the future. The well-established fact of the influence of inheritance in determining the expression of the disease, will lead the cautious physician to disapprove of marriages between members of families known to be tainted with the evil, while the occasional connection between sources of chronic irritation and its development, will make him sound the note of warning against these; meanwhile we are incited to study the horrible malady with redoubled zeal.

Editorial Department

Periscope.

The Use of Arsenic in Nervous Exhaustion.

Dr. W. Myers writes to the Cincinnati *Lancet and Clinic*—

In the capricious nervous exhaustion due to hereditary tendency the sympathetic and pneumogastric nerves are usually most at fault—when such is the case, arsenic and nux vomica are the most reliable remedies; in fact, their influence is almost specific, but they must be given with great care. Not so much from dread of overdosing as from fear of the dose not being retained long enough to be assimilated.

Care must be taken in employing arsenic, to arrange the dose and the occasion of taking it, so that the mucous lining of the alimentary canal may not be irritated. This is of great importance, as neglect of this caution will render the remedy useless, confuse and disappoint the physician, while it weakens his means of cure.

In all cases where there is much nervous irritability present, watchfulness, despondency, alarm or sense of impending, although unknown danger, gentle sponging night and morning, with cold or tepid water over the body, particularly the loins, abdomen, and spine, will have a very calming effect, and induce better nights and more cheerful days when employed with the other treatment.

The uncertainty of memory, feelings of alarm, and confusion of the mental faculties, due to the state of exhaustion, will gradually pass away as the treatment begins to take effect, and their subsidence may be taken as good evidence of improvement, while some of the minor though still unpleasant symptoms may remain a considerable time, or come and go in a most aggravating manner, before their permanent removal can be fairly depended on.

Relation of the Diphtheritic Fungus to Diphtheria.

The *Lancet*, October 26th, states that the researches of Schweniger, undertaken at Munich, on the inoculation and character of the diphtheritic poison, have led him to the conclusion that the fungus found in the false membrane cannot be regarded as the essential bearer of the contagion; because, first, the micrococci are, as a rule, found only in the epithelial layer; secondly, because in less recent bodies, as when rapid decomposition of the separated particles has taken place, they are

found in these also, and thus appear *pari passu* with the septic or pyæmic poisons, which are found at the same time in the adjacent vessels and lymphatic glands, and elsewhere in the body, especially in the kidney. These are, however, only an accidental accompaniment of diphtheria. The substance from the pharynx and trachea, introduced into the bodies of other animals by inoculation, never produces the combination of symptoms which we recognize as diphtheria, nor the special anatomical changes in the throat and trachea. Inoculation with the diphtheritic fungus only gives rise to the symptoms produced by inoculation with the organisms which accompany putrefaction.

Infantile Laryngismus Produced by a Feather in the Intestine.

Dr. Chamberlain reported to the New York Obstetrical Society a case which had fallen under the observation of a medical friend. An infant, age five months, was supposed to be suffering from membranous croup. The hoarseness began early in the morning, increased through the day, and when the medical attendant arrived in the night, there were severe symptoms of laryngeal obstruction. It was stated by the mother that for two or three days the child had seemed to be suffering from colic, and that a carminative mixture was administered, with the effect of relieving the pain and at the same time producing constipation. Learning of the constipation, it occurred to the doctor to examine the rectum. In the pouches of the rectum was found a plug, which, when removed, was covered with puriform mucus, and measured 3½ or 4 inches in length. As soon as the plug was removed, the symptoms of croup immediately disappeared. When the plug was dissolved, it was found to have for its nucleus a *white feather*. It was regarded as a case of laryngismus stridulus, produced by irritation in the rectum.

The Hypodermic Use of Mercurialized Peptone.

From a clinic in the *British Medical Journal* we learn that during the present year Dr. Buzzard has been employing in some cases the mercurial peptone which was introduced by Professor Bamberger of Vienna (*Wiener Medizin. Wochensch.*, 1876, No. 44), and which has been largely employed in various parts of the continent. The principle upon which the preparation is contrived is an ingenious advance upon that already acted upon in the invention of chloro albuminate of mercury. If a salt of mercury, dissolved in water, be injected under the skin, it immediately unites with the albumen of the tissue, so that destruction occurs, with accompanying pain and inflammation. In the chloro-albuminate solution, the chloride of mercury being already combined with albumen, this destructive influence was prevented, but the solution was very unstable. Dr. Buzzard, therefore, obtained some meat peptone, and having succeeded in mercurializing this, found that the resulting preparation was very soluble in water, and would keep almost any length of time. The preparation employed by Dr. Buzzard was one per cent. In each case there was a history of syphilis. An experience of over two hundred injections of this solution has now been gained, the quantities employed varying from five to fifteen minims.

Case 1.—A female, aged 18, had twenty hypodermic injections of ten minims and nine of fifteen minims. The first thirteen injections were made in the forearm, the rest between the scapulæ. The patient complained of pain at the seat of injection, and of aching in the fingertips, which lasted all the rest of the day and through the night, disturbing rest. On the morning following there was almost universal swelling and tenderness at the point of injection. Forty-eight hours afterward, this would to a great extent have subsided. An old injection spot was marked by swelling and induration, and the needle could only be got in with difficulty. No affection of the gums or bowels occurred.

Case 2.—In a man, about forty years of age, fifteen injections of five minims, twenty eight of ten minims, and twenty-nine of fifteen minims were given. The patient complained very much of pain produced by the injections, which were made sometimes in the legs, at other times in the back. Under these latter circumstances, the patient urged that he could not lie down. The injections caused local swelling and induration, but no affection of the gums or intestines.

Physiological Explanation of "Seeing Double."

In an article in the *Journal of Mental Science*, Dr. W. W. Ireland says—

Seeing double, which sometimes comes on in the advanced stage of drunkenness and after the use of opium, is probably owing to the loss of mutual accommodation of the muscles of the eyeballs, and this explanation sometimes holds good where the same appearance occurs with lunatics; but it is evident that it cannot always do so, since there are cases where a single object is seen multiplied three or fourfold. Brierre de Boismont, in his well-known work on "Hallucinations," reproduces from a German writer a curious instance, which I translate without being clearly able to understand his explanations: "Madame N., a washerwoman, tormented by violent rheumatismal pains, left her trade and took to sewing. Having little practice in this kind of work, she sat up far into the night to gain enough to live upon. This did not save her from being very poor, and she was seized with severe ophthalmia, which soon became chronic. As she continued to work, she saw at the same time four hands, four needles and four seams. There was double diplopia, in consequence of a slight divergence of the visual axes. Madame N. imagined that God, pitying her misfortune, performed a miracle in her favor, and that she really sewed four seams at once."

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——Dr. F. M. Murray, of this city, has had printed a large broadside, showing the arrangement of drugs with regard to natural orders, locality, dose, etc. It is neatly prepared, and sold for 75 cents.

——We have received the announcement of the *Southern Practitioner*, a monthly medical journal, published at Nashville, Tenn. Each number to contain thirty-two or more pages. Subscription, $1 per annum, in advance.

——Another forthcoming venture is *The Voice*, a monthly, devoted to voice culture, with special attention to stuttering and stammering. Subscription price, $1 a year. Edgar S. Werner, editor and publisher, 401 Broadway, Albany, N. Y.

BOOK NOTICES.

On Rest and Pain: A Course of Lectures on the Influence of Mechanical and Physiological Rest in the Treatment of Accidents and Surgical Diseases, and the Diagnostic Value of Pain. By John Hilton, F.R.S. Second edition. New York, Wm. Wood & Co.

The recent death of the author of this book renders appropriate the issue of this, his principal work, at least, his best known one. In a notice of his decease, one of the English medical journals expressed some surprise that his treatise on "Rest and Pain" had achieved such a moderate sale, considering the value of its contents. The answer, we think, would be that the lectures were first published in a medical journal of easy access, and the second and more important the somewhat repellant style of the author. For example, he gives the details of very numerous cases, one after another, and long letters concerning them, in full. No doubt this is instructive, but it is not an engaging style of writing, and therefore it was not popular.

The lectures were delivered in 1860–62, and their general theme is the advantages of rest as a material aid in the treatment of surgical cases, and the indications given by pain. As one of the consulting surgeons to Guy's Hospital, and a practitioner of extensive practice in the great metropolis, Mr. Hilton had an unsurpassed field for his observation, and these lectures show that he was well calculated to improve it. That they were delivered seventeen or eighteen years ago, of course, detracts somewhat from their present value; but Mr. Jacobson, who edited them for the author in 1876, has endeavored to remedy this defect, and has in a large degree succeeded.

This is the first volume of the American Publishers' Library of Standard Medical Authors, which they intend publishing by subscription at $1.00 to $1.25 per volume. It is very reasonable at this price, and will no doubt meet with the wide popularity it deserves.

A Manual of Prescription Writing, with a Full explanation of the methods of writing prescriptions, a table of doses, rules for avoiding incompatibilities, etc. By Matthew D. Mann, A.M., M.D. New York, G. P. Putnam's Sons. Cloth, 12mo, pp. 155. Price 90 cents.

The intention of the author is to give a synopsis of medical Latin grammar more full than that contained in the works of Griffith and Gerrith, and also to explain the metric system of prescribing, proper medical combinations, etc.

This intention is good, and its execution not amiss, so far as the plan and extent of the work are concerned, but its pages are so replete with typographical errors and with erroneous Latin forms (no doubt attributable to hurry and negligence), that we cannot recommend the present edition to students, as it would almost as often lead them astray as set them right.

A Handbook of Nursing for Family and General Use. Published under the direction of the Connecticut Training School for Nurses. Philadelphia, J. B. Lippincott & Co. 8vo, pp. 266. Price $1.25.

From a hasty examination of this volume we believe we can recommend it as a sensible, instructive, well written book, just such a one as the physician would be glad to see in frequent perusal in the families he visits. For nothing is more discouraging than to have to contend not only against disease, but against the ignorance, stupidity and prejudice of those who care for the patient. This volume, well studied by a large public, would save more lives than a "new remedy," though, to be sure, that is temperate praise.

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INNOCENT SUFFERERS FROM SPECIFIC DISEASES.

That observant practitioner, Dr. H. R. STORER, some years ago wrote an instructive article on instances of gonorrhœa derived from non-specific sources (*Gynecological Journal*, April, 1870). He had been convinced, after considerable doubting, that the menses of some women at all times, and of other women at certain times, and various chronic vaginal discharges of a leucorrhœal or catarrhal type, and strictly non-specific, can produce true rhœa in the male. Dr. STORER, in his article, however, took occasion to avow his utter disbelief in all alleged inoculation of gonorrhœa from unclean sheets, privy seats, etc., and said he laughed at all such excuses, whether proffered by males or females.

Now, here is where Dr. STORER showed an incredulity for which it gives us pleasure to hold him and others indulging in it to account. For there is a rational pleasure in convincing such doubting Thomases that a girl may have a gonorrhœa who has never anywhere subjected herself to illicit approaches; and a man may have his share of this affliction when age and prudence vindicate, beyond doubt, his morality. And the mere fact that either has this annoying complaint does not give grounds for any allegation of unchastity, or even of indulgence.

For this purpose we quote two recent cases, one reported by Dr. JOHN MORRIS, of Baltimore, in the Virginia *Medical Monthly;* the other by Dr. GOULEY, of New York, in the *Medical Record.*

In Dr. GOULEY's case the patient was an old man, who had formerly had gonorrhœa, but had not recently exposed himself to the risk of getting it again. Yet he had a copious purulent discharge from the urethra. It was probably due to the catheterism which had been found necessary in order to accomplish the free dilatation of a stricture of long standing which he had, and Dr. GOULEY stated that he had sometimes seen these urethral discharges in

old men who had never had gonorrhœa at all, but were troubled with some chronic affection of the urethra or prostate. One gentleman that he knew, who had been obliged to catheterize himself for years, had a constant purulent discharge, almost the entire length of the urethra being the seat of undilatable stricture.

In Dr. MORRIS' case we will quote his words:—

"In female children gonorrhœa is not an uncommon trouble, owing to the prominence of the external sexual organs in childhood. The father of the family contracts the disease; he infects his wife; the little girls sleep with their parents on the bed linen, or towels become tainted, and, as a consequence, the female children are infected. I have treated a great many cases of gonorrhœa contracted in this manner. Even the privy and the water closet (though there are a great many jokes derived from Joseph Miller to oppose the theory) may become means of contagion. I remember the case of two beautiful young girls, now matronly women, who contracted the disease in this manner from an apprentice boy in their father's household. The intense specific virulence of gonorrhœal poison is markedly shown by its spread through a whole family from one child to another. I lost a family, some years ago—not a very valuable one, I may add—through a diagnosis of gonorrhœa in a child. My friend, Dr. B., was called to treat the case, and with extreme readiness at once pronounced the disease a simple vaginitis, due to worms or some other phantom. I knew what he did not know—that a colored servant in the house had gonorrhœa; that I had treated another little girl, the companion of the one he was called to see, for gonorrhœa; and that the same water closet was used in common."

Since this is so, it behooves every physician to restrain his judgment, or at least the expression of it, in the case of gonorrhœas, whether in males or females. Not only is character at stake, but, in certain circumstances, life itself may be jeopardized by a hasty expression of opinion. Family ties may be severed without reason, and an ineffaceable stain be left on virtue. Probably no decision which a physician is called upon to make, not even when the life of a man is concerned, may be fraught with such consequences as this one, when character, position, and the kinship of children may be at once involved.

NOTES AND COMMENTS.

Innervation of the Uterus and of its Vessels.

The *Lancet* says—

A communication is made in the *Wiener Med. Jahrbücher*, by v. Basch and Hofmann, giving the results of numerous experiments they have performed on dogs. They find that the uterus receives its motor fibres from two sources. On the one hand, from the hypogastric nerves proceeding from the posterior mesenteric ganglion: and, secondly, from nerve-fibres issuing from the sacral plexus. It is well known that Spiegelberg denied any motor power to the hypogastric branches, and Frankenhäuser considered that the sacral branches were destitute of motor power. Now, according to the remarks of v. Basch and Hofmann, a very distinct antagonism exists between these two sets of nerves. If the hypogastric branches be electrically stimulated, contraction of the circular fibres of the uterus takes place, the cervix descends into the vagina, while the os opens. On the other hand, on stimulation of the sacral nerves, the longitudinal fibres are made to contract, the uterus becomes shorter, and the os remains closed. Suppression of respiration, or stimulation of the sciatic nerve, acts in a reflex manner, chiefly on the hypogastric nerves. Their experiments further showed that the vessels of the uterus obtain their nerves from the same sources as the muscular tissue, the nervi hypogastrici supplying the constricting, and the sacral nerves the dilating fibres, which can likewise be brought into action reflectorially through the sciatics.

The Differentiation of Coma from Drunkenness.

Dr. Macewen, of Glasgow, in opening the winter session of the Glasgow School of Medicine, chose for the subject of his address the means of distinguishing the coma produced by alcohol from that produced by apoplexy, opium, and other causes. After alluding to Dr. Richardson's statement that in alcoholic coma the temperature falls, and that this is a distinguishing mark from other forms of coma, Dr. Macewen states that he has observed the temperature in a series of cases of fracture of the skull, opium-poisoning, and apoplexy, and that in all these cases the temperature was found very much below the normal. Consequently this point is not to be relied on for purposes of diag-

nosis. He also controverted the statement that in alcoholic coma there is dilatation of the pupil. He had found contraction the rule. But he had accidentally discovered that if a patient was shaken or disturbed, the pupil dilated, but very soon contracted again. He, therefore, lays down the rule that an insensible person, who, being left undisturbed for from ten to thirty minutes, has contracted pupils, which dilate on his being shaken, without any return of consciousness, and then contract again, can be laboring under no other state than alcoholic coma.

The Modes of Administering Mercury in Syphilis.

Dr. John Duncan (*Edin. Med. Journal*, August, 1878), made a comparative trial of subcutaneous injection, fumigation, inunction, and administration by the mouth, in the treatment by mercurials of the syphilitic patients in the Lock Hospital in the Edinburgh Royal Infirmary. He has found that inunction and subcutaneous injection do not hold out sufficient inducement to employ them, otherwise than as exceptional measures in cases of peculiar weakness or individual idiosyncrasy. He points out that the effects of fumigation depend greatly on inhalation of the vapor; one patient who, contrary to orders, kept her head under the blanket for several minutes, suffered, in consequence, from a very severe attack of bronchitis. In administering by the mouth, the advocacy of particular preparations is not warranted by any special advantages which are possessed by one as compared with another. Small doses frequently repeated are better borne and more effectual than larger doses administered at longer intervals.

A New Operation for Phimosis.

Being struck by the inconvenience of the ordinary bleeding operation, M. Jude Hue (*Le Progrès Médicale*) has proposed a section of the prepuce in the median line and on the dorsal surface, by means of the elastic ligature. For this purpose a needle, threaded with an elastic band, is passed between the prepuce and the gland until the bottom of the cul-de-sac is reached. The prepuce is then transfixed, and two ends of the elastic are knotted at the free border of the prepuce. In ten days or a fortnight the ligature comes away and the operation is complete. M. Horteloup had invited M. Hue to operate upon patients in his hospital, and the results at first were not encouraging, as a good deal of pain resulted for twenty-four or forty-eight hours. When the patients were seen three months afterward, the results were found to be very satisfactory, so that M. Horteloup recommends this simple method in cases of phimosis without hypertrophy of the prepuce, and where there is no inflammation or thickening of the integument, and he thinks this plan will be found of great service in children.

A New Syphilide.

Dr. Maurice Raynaud (*Société Médicale des Hôpitaux de Paris*) brings to notice the case of a patient attacked by a new form of cutaneous syphilis, named by the author "syphilitic leontiasis." The diagnosis of the case was difficult; there are no syphilitic antecedents, but in the mucous membranes syphilitic manifestations are undoubted, scrofula being excluded by the age of the patient, which was fifty-nine. M. Coutard, in a thesis on this subject, says that syphilis may produce hypertrophic lesions of the skin, the gummy element instead of being circumscribed, existing in the state of infiltration. In such a case ulceration is not produced, as it is in the dry, tubercular, degenerative form. The face is the favorite seat of this form of syphilis.

New Chemical Studies.

Besides his most recent researches on the condensation of gases, M. Pictet has carried out other investigations on those phenomena, the consideration of which lies between the provinces of physics and chemistry. Among such investigations may be mentioned his observations on the application of the mechanical theory of heat to the study of volatile liquids and to some simple relations between the latent heats, atomic weights, and tensions of vapors. M. Pictet has also been successful in applying his scientific investigations to practical use, in the perfecting of apparatus for the rapid production of large quantities of ice.

The So-called Compensatory Emphysema in Acute Thoracic Diseases.

Dr. Harvey, of London, lately read a paper on this subject, with the object of disproving a doctrine held by some, namely, that the peculiar resonance, sometimes amounting to tympany, heard over the healthy portion of the lung in acute inflammation, etc., is due to a distention of that portion of lung com-

pensating for the non-action of the affected portion. Having referred to the use of the healthy pleura, and the manner in which compensatory emphysema is brought about by pleural adhesions, Dr. Harvey proceeded to show that the very reverse of the conditions necessary for the production of compensatory emphysema are present in the kind of case referred to; that, in other words, there must be a diminished, and not an increased, pulmonary tension in these cases. Finally, he referred to the explanation given in modern text-books (Guttmara, Gil), which recognize the diminished tension of the pulmonary parenchyma as the cause of the increased resonance.

Correspondence.

The Yellow Fever in Southern Kentucky.

Ed. Med. and Surg. Reporter:—

As I reside near the yellow fever zone, and as our little city was considerably ruffled by a small current from the epidemical wave that swept up the Mississippi Valley, I will give you a few items concerning its history, habitat, etc.

Bowling Green is situated 261 miles from Memphis, and we had daily communication by rail during the prevalence of the plague.

We had, as a consequence, fifteen imported cases, with seven deaths; and about thirty native, with twelve deaths; but I am certain that after a thorough investigation not a single indigenous case is traceable to an imported one.

The question naturally arises, what were the factors in the development of the disease at this point? The germs or fomites were brought by trains from the infected district, as the first cases will abundantly prove. These occurred in the only three houses that stood fronting the railroad side track (distance sixty feet), where passenger coaches, sleepers, and occasionally hospital cars, were swept, cleaned and aired, after a trip to the fever-stricken districts. Ten cases occurred in the three dwellings fronting this side track, and the rest of the stricken cases were persons that visited the first cases or resided in the immediate vicinity, with the exception of one case, and this could not be traced, unless she received the poison from washing her son's clothing, he being a railroader.

These are facts pertaining to the introduction of the disease into our city. Fortunately for us it did not make its appearance until about the 1st of October, consequently it did not harvest its victims to the extent it might have done if it had made its appearance earlier in the season.

Facts for Malariaists and Non-contagionists to Consider.—Three passenger conductors with their crews ran constantly to Memphis during the prevailing epidemic. To protect themselves as much as possible from exposure to the fever, they would return seven miles, to the first station, remain over night, and go back to Memphis next morning before starting on their return trip. After a while, the disease developing in a violent form at this point, they concluded to fall back to a station called Galloway, twenty-eight miles from Memphis; on arriving here the citizens opposed their stopping, but their resident physician, Dr. Terry, prevailed on them to allow them to remain, assuring them that they need not have any apprehension, and showed his faith by inviting the conductor to sleep with him, as the town did not afford any hotel accommodation. He accepted the invitation and slept with the doctor, and so did the two succeeding conductors. Imagine the surprise of the first conductor, three or four days following, on his return, to find the doctor sick with yellow fever, and his death occurred after an illness of forty-eight hours. Seven deaths succeeded immediately, in a population of not more than fifty to seventy-five inhabitants. No case had occurred previous to the arrival of the conductors with their trains.

None of these had the disease, while several of their crews died. Here the question naturally suggests itself, what protected them? They say that they were advised by some physician en route from Paris, Ky., to New Orleans, to have their under garments steeped in brine or salted water before drying, after being washed. What influence the salt had on the epidermis, and through it operating as a prophylactic, I cannot elucidate, but suffice it to say that these conductors attribute their escape to the potency of the saline properties suspended in their garments. Will some of your readers give some plausible physiological explanation of its therapeutic action on the skin, and the process by which the salt may have assisted in the elimination of the poison. R. C. Thomas, M.D.

Bowling Green, Ky., December 1st, 1878.

The Nature of Bilious Attacks.

Ed. Med. and Surg. Reporter:—

I noticed an article in the Reporter (October 19th), by J. H. Nowlin, headed, "Bilious Diseases—What are they and Why so called." These so-called bilious diseases usually occur during the spring and autumn, in a malarial district, with the following symptoms, as I have frequently noticed them in my practice. The attack usually begins either with a marked rigor or a succession of rigors, often simulating intermittent fever. Sometimes these rigors only occur once or twice a week for two or three weeks, and sometimes they are absent altogether. Slight chilly sensations, followed by slight pyrexia, take their place. These symptoms last for a variable length of time, sometimes only a few days and sometimes for two or three weeks, if not checked by proper remedies. Then comes the actual attack, with slight but constant pyrexia. The temperature is sometimes increased, often remains normal; and the same may be said of the pulse, although it is

generally increased in frequeney. There is constipation, and the stools are clay-colored; sometimes nausea and vomiting, though these are not constant symptoms. The patients always complain of a bitter, acrid taste in the mouth, and slight pain, with a sense of weight, in the right hypochondriac region; there is also pain and a dizziness about the head, and furred tongue. The premonitory symptoms as given above are often almost entirely absent, and there is really no distinction between the two stages.

A physician called to see a case with all the above symptoms would naturally, at first, make a diagnosis of bilious fever, or as some would term it, simply a malarial fever. Scarcely any of such cases are confined entirely to their bed, but go around and attend to their work during the whole course of the disease. All the symptoms will readily yield to one or two good doses of some cathartic, such as podophyllin or calomel, or small doses repeated at short intervals, which is probably better. If there is not some trouble about the liver why is it the symptoms, or rather the disease that causes these symptoms, will so readily yield to these remedies? Sometimes it is necessary to give quinine when the disease assumes an intermittent or remittent form. My opinion is that in these attacks there is a slight congestion of the liver, and when this congestion and consequent torpor of the liver is relieved, and the organ excited to its proper functions by the so-called cholagogue cathartics the symptoms are all relieved and the patient cured.

These so-called bilious attacks, as I said before, usually occur in malarial districts, and it is my opinion that they are usually if not always attributable to the malarial influence (I believe most authors agree upon the fact that this influence often causes congestion and torpor of the liver), and therefore, the attack might be called a malarial fever in most cases. There is no doubt that the term bilious attack is often used when some other name would be more suitable, and I agree with Dr. Nowlin, that every physician should try to prevent such an extensive use of the term, and thereby probably, to some extent at least, do away with those liver regulators and other patent remedies that are now so numerous and so detrimental to the healthy action of the liver, and as Dr. Nowlin says, "Are generally gotten up by mercenary quacks" who do not have the interest and good health of the community in view, but only their own pocket-book and pecuniary interest. I have always tried to persuade my patients that the use of such remedies is detrimental.

The symptoms as given above, or some of them, I have no doubt are also often caused by indigestion, from overloading the stomach, which renders the organ unable to perform its proper functions, and therefore compelled to rid itself of this indigestible food, which it does by emesis, during which act there is sometimes large quantities of bile thrown off, thereby causing the patient, and sometimes the attending physician, to think the liver is at fault, and call it simply a bilious attack. But I have no doubt that the liver is sometimes functionally at fault, because these attacks often come on when the patient has eaten nothing for several days previous, excepting some very light, digestible diet; then if the liver is not at fault, to what are these symptoms attributable, and what name is to be given to the disease, or rather the attack, because it can hardly be called a disease.

G. E. Dickinson, M.D.

Upper Fairmount, Md., Dec. 2d, 1878.

News and Miscellany.

Bulletin of the Public Health

Issued by the Surgeon General United States Marine Hospital Service, for the week ended November 30th, 1878.

During the week ended Nov. 29th very few new cases of yellow fever, or deaths, occurred at any of the infected points. At Mobile there were 3 cases and 1 death; at New Orleans there were 8 deaths—no new cases reported; at Memphis there were 2 deaths; at Greenville, Miss., 1 death—a refugee.

A Clergyman's Testimony on the Sanitary Supervision of Prostitution.

It gives us pleasure to quote from the *Medical Press and Circular*, of November 20th, the following statements made as replies by the Rev. E. P. Grant, Vicar of Portsmouth, to the questions addressed by Convocation to the Clergy, as to the Operation of the Contagious Diseases Acts in that city. They are of general interest:—

The result of the Contagious Diseases Acts has been most beneficial

(*a*) In diminishing prostitution; for while in 1865 there were 789 prostitutes on the register in Portsmouth, there were on December 31st, 1870, 476.

(*b*) In diminishing the amount of disease in women; for, whereas in 1865 the ratio of disease per every 100 cases of examination was 70, it has been gradually reduced until December 31st, 1876, it was only 4.84.

It is not possible to state with equal accuracy what the ratio of disease in men is, but there is every reason to believe that it is rather less than half what it used to be.

These results have been brought about by the general working of the Contagious Diseases Acts; and, most especially, the fortnightly examination of the women, with the consequent detection of the disease at its immediate commencement.

The number of brothels has decreased by very nearly half since the introduction of the Acts, the number being, in 1865, 263; in 1876, 133.

There are no special police regulations beyond those which obtain, I believe, in all towns; but the ordinary regulations are being very energetically and effectually carried out.

The number of persons living by the practice of this sin has considerably decreased; there being fewer prostitutes, fewer brothel-keepers, and consequently fewer people hanging on to them.

The number of private houses, as distinct from brothels, in which prostitutes lodge, or are received, is gradually diminishing, the number being, in 1865, 160; in 1876, 115; and there are now only nine (so-called) indiscriminate houses.

The effects of the Acts is most beneficial (*a*) upon men; in that, with regard to soldiers and sailors especially, they are in a better state of health, and therefore not only less expensive, but better able to do their work to their country than they were before. As to their sinning more, because they think they can sin with impunity, I do not believe they ever think of it. (*b*) Upon women; in that, in addition to their number being considerably reduced, they are much more cleanly and orderly in their appearance and conduct than they used to be.

Proceedings of the Medical Society of Harford County, Md.—Suggestions on Veterinary Medicine.

The regular meeting of the Medical Society of Harford county was held in Churchville, on Tuesday, November 12th, 1878. The Society was called to order by the President, Dr. W. W. Hopkins.

Dr. R. D. Lee, lecturer for the day, being absent, was continued as lecturer for next regular meeting.

The following resolutions were presented by Dr. W. Stump Forwood:—

Resolutions in regard to the establishing of Colleges for the education of Veterinary Physicians—

Whereas, In consideration of the fact that there are so few educated Veterinary physicians in our county, notwithstanding the existence in our midst of such an immense number of domestic animals, so essential to man's use and sustenance, at all times liable to require the physician's aid; therefore be it

Resolved, That we, of the Medical Society of Harford county, Maryland, suggest to the American Medical Association, through our delegates at its next meeting, the propriety of taking cognizance of, and action in, the premises, and respectfully advise it, in the exercise of its weighty and wide-spread influence, to recommend the establishment of Veterinary Colleges, to be conducted by strictly scientific professors; and that the Association also advise many of the young men of the country to enter this new and ungleaned field, instead of increasing the already overcrowded ranks of the regular medical profession.

The above resolutions were ordered to be spread on the Secretary's minute book.

Dr. Forwood and others made the following remarks, viz.:—

If a horse is sick, the village blacksmith prescribes aloes, turpentine, nitre, young chickens, Scotch snuff, new milk, and a host of other things, without knowing what for; with the result—more deaths than cures. Among the multiplicity of remedies, some may do good. From the fact that the unskilled have had and still have it in their hands, it has brought the profession into disrepute. Do away with ignorance and educate the people, or rather a doctor, for such cases. As the medical field is crowded, so the field in veterinary surgery is open. The practice would be more lucrative than the regular profession, for a time at least. Any person who owns stock would be willing to pay for medical attention. For many years the profession would pay well. Some would object to the respectability of the veterinary, but it is just as respectable to treat lower animals as the higher. There is no reason why it should be otherwise. Notice the great saving of money, too. I know of a fine horse, valued at $10,000, that was killed by driving a nail in the foot, when the doctor, for, say $20, could have cured the animal.

It is proper here to state that it would be impossible to combine the professions. One branch or the other must suffer for want of time to attend.

The regular medical subjects being discussed at length by the members present, after partaking of a bountiful and elegant dinner, prepared by the host, Mr. Sauner, they adjourned, to meet on the second Tuesday in May, 1879, at Bel Air.

H. Clay Whiteford, M.D., *Secretary.*

Items.

—*Correction.*—Page 445, column 1, line six, for *internal*, read *intense.*

—Some excitement is growing out of numerous cases of diphtheria at Harlem, but Dr. James, a local physician, says that there is no cause for alarm, as the outbreak is occasioned by local causes. The city, as a whole, is in an excellent sanitary condition. The main cause of diphtheria he declares to be defective plumbing, and he offers many suggestions and remedies of this evil.

—To ascertain the real cause of sudden deaths, experiments have been tried in Europe and reported to a scientific congress held at Strasburg. Sixty-six cases of sudden death were made the subject of a thorough post-mortem examination. In these only two were found who died from disease of the heart. Nine of the number had died of apoplexy, while there were forty-six cases of congestion of the lungs.

—The doctors of Montreal were masters of the situation, the other day, in a measure, in the extraordinary order issued from the Vice Regal Court in passing through that city. Nice customs curtsey, it seems, to the Canadian climate, and although the Queen of England permits no deviation from the rigid dress etiquette of her drawing-rooms, the rough journey across the Atlantic or the icy blasts of

a Canadian winter appear to have had considerable effect in tempering the severity of the junior Court in Canada; and so it was ordered that a *medical certificate*, properly attested, would excuse any lady who was obliged, by delicate health, to make her curtsey to the Princess in a high-shouldered dress, which permitted only a patch of throat to be seen!

Personal.

—Sir Henry Thompson, who stands at the head of the surgical profession in London, is said to take a peremptory tone with his patients, and to refuse to attend such as will not, for a period which he prescribes, put themselves on a platform of the strictest temperance. This is so pointed out by the nature of many surgical cases that it scarcely needs a comment; but it serves to show how a great doctor can lay down the law of hygienic living, and have it enforced —or quit the case.

—As Mrs. Dr. Mary Walker, with her peculiar dress, was going along Broadway, she was followed by such a crowd that a policeman took her to Police Headquarters. Superintendent Walling proposed to release her, and the officer was about to explain that she was a woman in male attire, when the prisoner inquired: "How does he know that I'm a woman?" This was too much for the officer, and the charge was withdrawn.

—M. Paul Broca, the famous anthropologist, is authority for the statement that the tallest man ever actually measured was a Finlander, nine feet three and seven-tenths inches high, and that the shortest man known reached a decimal under seventeen inches in his stocking feet.

—The Mutter lectures on Surgical Pathology, before the College of Physicians of this city, are delivered this year by Dr. S. W. Gross. The subject is "the Surgical Pathology of Tumors."

—Dr. C. H. Carpenter, a physician having an extensive practice in Geneva, N. Y., died last Sunday, in that city, of diphtheria, and Dr. D. S. Gallagher is seriously ill with the same disease.

Human Longevity.

Mr. William J. Thoms, the well-known writer on human longevity, in a recent communication to the *London Times*, comments upon some remarkable cases of long life that had been recently reported, and lays down the following "Canon on Centenarianism:" "The age of an individual is a fact; and like all other facts, is to be proved, not inferred; to be established by evidence, not accepted on the mere assertion of the individual or the belief of his friends; not deduced from his physical condition if living, or from his autopsy if dead; but proved by the register of his birth or baptism, or some other authentic record; and in proportion as the age claimed is exceptionally extreme ought the proof of it to be exceptionally strong, clear, and irrefragable."

OBITUARY.

DR. EMELINE HORTON CLEVELAND

Died at her residence in this city, Dec. 8th, of phthisis.

Emeline Horton was born in Ashford, Connecticut, in 1829, the family soon afterward removing to Stockbridge, Madison county, New York, where the future Professor grew up as a hearty little country girl. A student of Oberlin College, Ohio, she graduated in 1853, and came at once to Philadelphia to enter the Woman's Medical College, with the purpose of assisting her future husband, then a candidate for the missionary field, as a medical missionary. In 1854 she married the Rev. Giles Cleveland, a Congregational clergyman, who had been a fellow-student at Oberlin, and in 1855 she was graduated as a physician. The failing health of her husband not long after her marriage compelled the relinquishment of other plans, and Dr. Cleveland began to practice medicine in this city, in connection with her duties as instructor in the Woman's College, first as Demonstrator and afterward Professor of Anatomy.

In 1860, at the request of a number of philanthropic ladies of Philadelphia, who had in view the establishment of a Hospital for Women and Children, Professor Cleveland went abroad for especial study and to note the management of hospitals. She entered the School of Obstetrics in connection with the Hospital *Maternite*, at Paris, and, after receiving the diploma of that institution, found ready access to the ward and lecture rooms of other hospitals, with the privilege of studying their administrative departments. On her return she was appointed Resident Physician of the then chartered Woman's Hospital, which position she held for seven years, and was, at the same time, elected Professor of Obstetrics and Diseases of Women and Children in the Woman's Medical College, the chair which she filled until her death. Professor Cleveland has made a number of important surgical operations, and is the first professional woman, so far as known, to perform operations in ovariotomy. A paper, presented by her and read by Dr. Albert H. Smith before the Philadelphia Obstetrical Society, a year ago, was accepted and published in its transactions. She has occasionally contributed to the MEDICAL AND SURGICAL REPORTER, and always thoughtful and valuable articles.

MARRIAGES.

BENNETT—REED.—By Rev. A. C. Crist, at the home of the bride, Nov. 7th, Dr. W. C. Bennett and Miss Belle Reed.

CHEATHAM—PRICHETT.—On Thursday, November 21st, at the residence of Major Richard W. Bonner (the stepfather of the bride), by Rev. Walker Lewis, Mr. Thomas A. Cheatham, PH.G., and Miss Mattie Pritchett, all of Macon, Ga. Mr. Thomas A. Cheatham is the second son of Dr. C. A. Cheatham, of Dawson, Ga.

POWERS—ANDREWS.—In Barre, Vt., November 16th, by Rev. L. Tenney, Merritt L. Powers, M.D., and Hattie L. Andrews.

RANSOM—BAKER.—At Ransomville, N. Y., October 9th, 1878, by Rev. W. P. Pickard, assisted by Rev. Z. Hurd, Walter J. Ransom, M.D., of Lockport, N. Y., and M. Lillie Baker, of Ransomville, N. Y.

SNELLING.—Suddenly, on November 26th, at his residence, in New York, Frederick Greenwood Snelling, M.D., son of the late Andrew Symmes Snelling.

SWASEY—METCALF.—In Royalton, Vt., November 13th, by Rev. L. H. Elliot, W. F. Swasey, M.D., of Norwich, and Sarah L. Metcalf, of Royalton.

DEATHS.

SHERWOOD.—At Southport, Conn., Dec. 4th, Justus Sherwood, M.D.

DOCTOR RABUTEAU'S

(Laureate of the Institute of France.)

DRAGEES, ELIXIR & SYRUP

Of Proto-Chloride of Iron.

"The experiments made in the hospitals of Paris have demonstrated that *Dr. Rabuteau's Dragees, Elixir and Syrup* regenerate the red globules of the blood with a rapidity never observed with the use of the other ferruginous preparations. These results have been proved by the various *Compt-Globules.*

"The ferruginous preparations of *Dr. Rabuteau* do not cause any constipation, and are perfectly tolerated by the weakest persons."—*Gazette des Hospitaux.*

Dr. Rabuteau's Elixir is prescribed when some difficulty is experienced in swallowing the Dragees; it is especially adapted to weak persons, whose digestive functions need strengthening or stimulating.

Dr. Rabuteau's Syrup is especially prepared for children, who take it readily, because of its agreeable taste.

DUCRO'S ALIMENTARY ELIXIR

A Combination uniting the properties of ALCOHOL and RAW MEAT. It has been Mr. Ducro's aim in preparing this elixir to present under the form of a pleasant cordial the nutritive and restoring properties of raw meat and the stimulating properties of alcohol. In this he has been eminently successful, judging from the great number of physicians who prescribe and use this food medicine. This preparation, which has been used with great success in the hospitals of Paris since 1868, is adapted to the treatment of all diseases requiring the administration in a small volume of a tonic able to stimulate and support the vital forces, as in *Pulmonary Phthisis, Depression* and *Nervous Debility, Adynamia, Malarial Cachexia,* etc. It is especially adapted for delicate ladies and children, debilitated old people and convalescents.

Paris: Place de Vosges, 20. **New York: E. FOUGERA & CO., Depositaries.**

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Is the invention of Mr. P. RIGOLLOT, who is the exclusive owner ; it is the only preparation which has been adopted by the civil and military hospitals and the armies and navies of France and England, and which has obtained a medal at the Centennial Exposition at Philadelphia. All other mustard plasters or leaves of whatever name, are but imitations of the original

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TO PHYSICIANS.

THE scarcity and high prices of Cinchona barks and Sulphate of Quinia, and the prospect of only a slight reduction in these prices, makes the present a favorable opportunity of calling the attention of the profession to the *combination of all the bark alkaloids.*

Much attention has been given to this subject in Europe and India.

The growing appreciation by the medical profession of the United States of

CINCHO-QUININE

is due to the fact that it retains the important alkaloids IN COMBINATION, — a combination which in practice is *preferable to perfect isolation or separation* of these alkaloids.

In addition to its superior efficacy as a tonic and anti-periodic, it has the following advantages, which greatly increase its value to physicians: —

1st, *It exerts the full therapeutic influence of* Sulphate of Quinine, *in the same doses*, without oppressing the stomach, creating nausea, or producing cerebral distress, as the Sulphate of Quinine frequently does; and it produces much less constitutional disturbance.

2d, It has the great advantage of being *nearly tasteless.* The bitter is very slight, and not unpleasant to the most sensitive, delicate woman or child.

3d, It is *less costly*: the price will fluctuate with the rise and fall of barks, but will always be much less than the Sulphate of Quinine.

4th, It meets indications not met by that Salt.

The following well-known Analytical Chemists say: —

"UNIVERSITY OF PENNSYLVANIA, Jan. 22, 1875.
"I have tested CINCHO-QUININE, and have found it to contain *quinine, quinidine, cinchonine, cinchonidine.*
F. A. GENTH,
Professor of Chemistry and Mineralogy."

"LABORATORY OF THE UNIVERSITY OF CHICAGO,
Feb. 1, 1875.
"I hereby certify that I have made a chemical examination of the contents of a bottle of CINCHO-QUININE; and by direction I made a qualitative examination for *quinine, quinidine,* and *cinchonine,* and hereby certify that I found these alkaloids in CINCHO-QUININE.
C. GILBERT WHEELER,
Professor of Chemistry."

"I have made a careful analysis of the contents of a bottle of your CINCHO-QUININE, and find it to contain *quinine, quinidine, cinchonine,* and *cinchonidine.*
S. P. SHARPLES, *State Assayer of Mass.*"

TESTIMONIALS.

"WELLFLEET, MASS., Nov. 17, 1876.
"I have used CINCHO-QUININE, and can say without any hesitation it has proved superior to the sulphate of quinine. J. G. JOHNSON, M.D."

"MARTINSBURG, MO., Aug. 15, 1876.
"I use the CINCHO-QUININE altogether among children, preferring it to the sulphate.
DR. E. R. DOUGLASS."

"LIVERPOOL, PENN., June 1, 1876.
"I have used CINCHO-QUININE, obtaining better results than from the sulphate in those cases in which quinine is indicated.
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CONTENTS:

ORIGINAL DEPARTMENT.

LECTURE.

SMITH, ROBERT MEADE.—Experimental Physiology—Physiology of Digestion..... 527

COMMUNICATIONS.

DUNNING, E. C.—Vesico-Vaginal Fistula, of Eight Years' Standing..... 534

HOSPITAL REPORTS.

Philadelphia Hospital.—Clinic of Dr. F. F. Maury Erysipelas of the Face and Scalp.—Injury of the Shoulder Joint.—Sinus of the Leg.—Phagedena.—Syphilis..... 535

Medical Department of the University of New York.—Clinic of Dr. William A. Hammond.—Cerebral Congestion.—Lumbago..... 537

EDITORIAL DEPARTMENT.

PERISCOPE.

Metalloscopy and Metallo-therapy 539

On the Employment of Digitalis..... 539

Electro-Puncture in Aneurism of the Aorta..... 540

REVIEWS AND BOOK NOTICES.

Notes on Current Medical Literature..... 540

BOOK NOTICES.

Lectures on Localization in Diseases of the Brain (Charcot)..... 541

Lectures on Bright's Disease of the Kidneys (Charcot)..... 541

Essentials of Chemistry, Inorganic and Organic (Witthaus)..... 541

The Illinois State Medical Register for 1878 79 (Graham)..... 541

EDITORIAL.

THE VALUE OF DIAGNOSIS TO SANITARY SCIENCE..... 542

NOTES AND COMMENTS.

Dubois in..... 534

The Importance of Medical Observation in Rural Districts 543

The Diagnosis of Early Hip Disease..... 543

On Opening the Abdomen to Relieve Intestinal Obstruction..... 544

Alum in Baking Powders..... 544

The Psycho-motor Centres..... 544

Sanitar Legislation..... 544

Effec s of Winds on Health..... 544

The Contagion of Scarlatina and Diphtheria..... 545

Curious Form of Insanity..... 545

The Form of Hystero-Epilepsy..... 545

Mechanical Methods of Relieving Hiccough..... 545

CORRESPONDENCE.

An Unusual Midwifery Case (Henlen)..... 546

Maternal mpressions (Jessup)..... 546

Case of Retarded Vaccination (Partenheimer)... 547

NEWS AND MISCELLANY.

The New California Remedies..... 547

Extracts from the Bulletin of the Public Health Issued by the Surgeon General United States Marine Hospital Service for the Week Ended December 7 h, 1878..... 547

Messrs. Wyeth s Preparations..... 548

The Woman-Doctor Question in Russia..... 548

Items 548

QUERIES AND REPLIES..... 548

MARRIAGES..... 548

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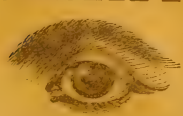

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THE

MEDICAL AND SURGICAL REPORTER.

No. 1138.] PHILADELPHIA, DEC. 21, 1878. [Vol. XXXIX.—No. 25.

Original Department.

Lectures
on
EXPERIMENTAL PHYSIOLOGY.

Delivered in the Physiological Laboratory of the University of Pennsylvania,

BY ROBERT MEADE SMITH, M.D.,

Demonstrator of Experimental Physiology in the University of Pennsylvania.

Reported expressly for the Medical and Surgical Reporter.

Lecture I—Introduction.

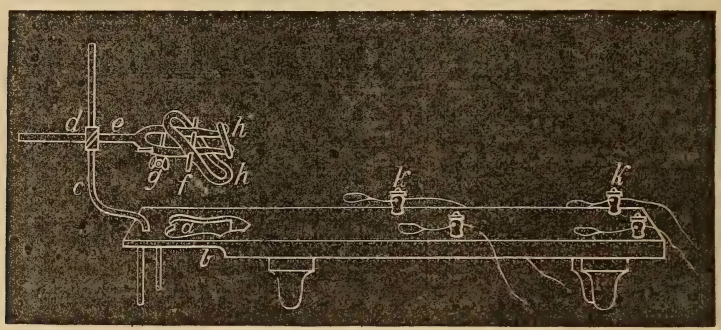
Gentlemen:—The course which we commence to-day will be devoted, not only to the demonstration of the more important of the physiological facts which are due to experimental inquiry, but to your instruction in the *technique* of our subject—the management of apparatus and of animals, the method of performing the various operations, and, in fact, all those details which are so essential to successful experimentation. The use of the instruments and the selection of appropriate animals for the points under investigation, as well as the operative procedure in each instance, will be considered separately as we study each subject. There are, however, two points in this connection that I desire now to call your attention to. One a point of principle, the other, of practice. The first of these is that no experiments should be made upon sentient animals unless the circumstances of the case render the use of narcotics entirely inadmissible, for though we have a perfect right to take the life of a lower animal for any purpose that may directly or indirectly be of value to man, we have no right to inflict upon them any unnecessary suffering. Therefore, the majority of experiments which I propose to make before you are those which can satisfactorily be made on insensible animals. To narcotize animals, chloroform, ether, opium and chloral, may be employed; chloroform is the most rapid anæsthetic that we possess, but its use is dangerous, particularly to dogs, unless air is also freely supplied. It is generally advisable to chloroform a dog before he is tied down on the operating table, as he appears to suffer more in the act of restraining him than in any step of the operation. I, therefore, generally muzzle the dog, and then put his front legs on my knees, while I sit down and hold his body with my left arm. If now a few drops of chloroform are poured into a towel folded into a cone and held over his nose he can be soon narcotized, the most reliable sign being the loss of sensation in the cornea. As soon as he is insensible he can be fastened down, and the chloroform cautiously continued, or ether substituted for it; his respiration must be closely watched, and if it is found to stop, no time must be lost in performing artificial respiration; and if this fails, the trachea must be opened and connected with a bellows. Laudanum and morphia are reliable anæsthetic agents for dogs, about 2½ c.c. of laudanum, or 0.5 gram. of morphia when intravenously injected, being full doses for medium-sized dogs. When rabbits are to be used, chloral is preferable, given in doses of about ten grains per pound weight of the rabbit. Chloral may also be given in the same proportion to cats and guinea pigs. This is also the best agent for frogs, since opium and morphia tetanize them,

and chloroform is apt to be fatal; dose for frogs 0.2–0.5 gram. Chloroform, or any of the other volatile anæsthetics may be readily administered to all the smaller animals, such as frogs, mice, pigeons, guinea pigs or kittens, by placing the animal under a bell jar, containing a sponge wetted with the anæsthetic. Since the vapor of chloroform is heavier than air, if this agent is used, it is well to have an opening in the top of the jar, into which a sponge can be placed and saturated with chloroform; the action is then more rapid and safer.

When it is desired to keep an animal perfectly motionless, curara is used; but since this paralyzes the motor nerves, and hence necessitates the use of artificial respiration, I will defer its consideration until it becomes necessary for us to employ it.

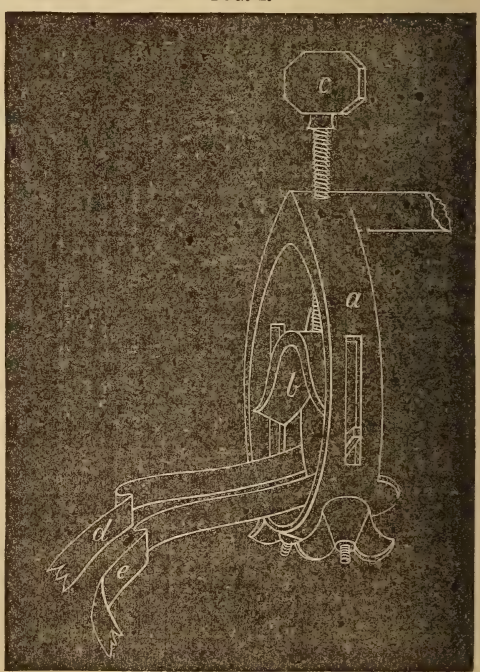
The other point that I want now to call your attention to is the method of securing animals. Frogs may be fastened on a board by a cord with a slip knot fastened over each foot and ankle, and secured at each corner of the board; or when they are insensible they may be fastened by passing a tack through the point of the nose into the board and one through each foot. Rabbits and cats are best secured on Czermak's rabbit holder. This consists of a strong wooden board (Fig. 1), mounted on four feet, about thirty inches long, eight inches wide, and four inches high, strengthened at one end by an iron plate (*b*), perforated by a large opening (*a*) to permit operation on the back of the neck, such as dividing the cord, etc. This opening, when not used, may be covered with an iron plate. Screwed into this plate is a strong, vertical stem (*c*) which bears a sliding block of brass (*d*) into which a fork-shaped steel rod (*e*) slides horizontally, and can be clamped fast by a binding screw. The forks of this rod are hollow, and receive the ends of the forceps which secure the animal's head. When it is desired to fasten a rabbit, the bar (*f*) is placed behind its incisor teeth (behind the canines when a cat is used), and the screw (*g*) turned until (*h*) and (*h'*) fit tightly over its muzzle, (*h'*) being always in contact with the lower jaw. The animal's legs are confined by slip-knots passed around each ankle, the cord being secured in the binding screws (*k*).

FIG. 1.



CZERMAK'S RABBIT HOLDER.

FIG. 2.



BERNARD'S DOG HOLDER.

Dogs are best fastened in Bernard's holder. It consists of a long wooden trough, with holes

along the sides for the cords which fasten the legs, while the animal's head is secured by means of a special arrangement. (Fig. 2.) It consists of a strong metal ring (*a*) fastened to a horizontal arm. The sides of this ring have slits in them, to permit of the up and down motion of a metal compress (*b*), which can be elevated or depressed by means of a screw (*c*), and thus when depressed confine the animal's jaws. The snout having been placed under this compress, the animal is prevented from retracting its head by two straps (*d* and *e*), which are fastened behind the animal's neck, and are connected by their anterior extremities with movable pieces of metal which can also be elevated or depressed according to the conditions required. A very simple method of fastening dogs, when these special contrivances are not on hand, is to place transversely behind their canine teeth a piece of wood, which, when rendered stationary by tying the animal's jaws together, may serve as a support in securing them.

Physiology of Digestion.

You are all aware, gentlemen, that the appropriation of a definite amount of nutriment forms one of the essential conditions of life, whether of animal or vegetable, and it has seemed to me that we cannot begin more appropriately a series of demonstrations of physiological facts than by following the changes which that material must undergo, and the means by which these modifications are accomplished, before it can serve as nutriment.

We will, therefore, commence our experiments by studying successively the various fluids to whose action the material taken as food is subjected—saliva, gastric juice, bile, and the intestinal fluids—examining to a limited extent their composition, since this branch belongs more particulary to physiological chemistry, while we will study with more detail the character of their digestive action, the circumstances which modify it, and the influence of the nervous system upon their secretion. We will commence, therefore, with the rôle of the salivary secretion.

The uses of saliva are both mechanical and chemical. Mechanically, it assists in the formation of the bolus of food, after having previously aided its mastication, and acts as a lubricant to its passage into the stomach; it aids the appreciation of taste, and by lubricating the surfaces of the mouth and teeth, prevents the adhesion of viscid substances and permits the movements of rapid articulation. Its chemical attributes are even more important; these we will examine in detail presently. The saliva is a remittent secretion formed by the three pairs of salivary glands, to which is added the fluids furnished by the lingual and palatine glands, and the numerous follicular glands of the buccal mucous membrane. We will examine first this mixed saliva.

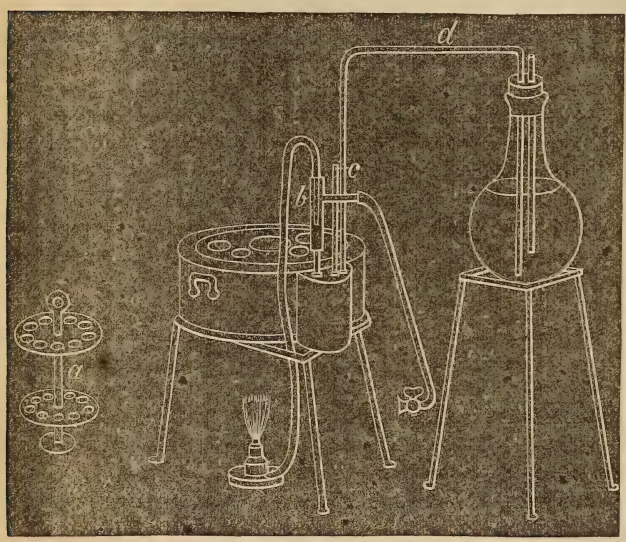
I have here about 30 c.c. of fresh mixed saliva, obtained by expectoration after stimulating its flow by chewing a piece of rubber tubing. You see that it is opalescent, with quite a decided froth on its surface, from the air bubbles detained through its viscidity, and that there is a marked white precipitate, composed mainly of epithelial cells and salivary corpuscles. (In this other specimen, which has stood for two or three days, a thin pellicle of carbonate of lime has formed.) Its specific gravity is 1.005; its reaction, as shown by the litmus paper, decidedly alkaline. The instances in which an acid reaction has been found in the fluids of the mouth are due to an increased acidity of the buccal mucus from some pathological cause, such as the fermentation of retained fragments of food, the tartar of the teeth; saliva is invariably alkaline.

Of its inorganic constituents, I will only call your attention to the sulphocyanide of potassium and the chlorides.

I have here a few c.c. of saliva which has been filtered, to remove the epithelial cells and mucus. To a portion of this I add a drop of a solution of perchloride of iron, so dilute as to be almost colorless, and you see, as I stir it, a decided red color is developed, showing the presence of the sulphocyanide. Occasionally the reaction fails, but it can almost always be produced if the saliva is evaporated to about one-third of its bulk. There is probably no other one element of an organic fluid which has caused so much dispute as this salt, whose presence I have just demonstrated. The reaction has been supposed to be due to the presence of nicotin, to the presence of acetates, of decomposed matters from carious teeth, to hydrophobia, etc. This reaction may become important in a medico-legal point of view, since it is identical with that of meconic acid; the two substances can be distinguished, however, in a very simple manner. I will add a few drops of a solution of mercuric chloride to a

mixture of the saliva and the perchloride of iron, and the color disappears; no such result would have been obtained had the saliva contained meconic acid. The red color produced by meconic acid and perchloride of iron remains unaltered by the addition of corrosive sublimate. The presence of chlorides may be proved by taking this other portion of the filtered saliva, and acidifying it strongly with nitric acid; and now the addition of a few drops of a solution of nitrate of silver causes quite a decided precipitate, which, you observe, dissolves readily in aqua ammonia.

FIG. 3.



WATER BATH.

a. Test-tube Rack. *b*. Gas Regulator. *c*. Thermometer. *d*. Syphon arrangement by which the water is kept at a constant level.

The organic constituents of saliva are albumen, mucin, and ptyalin. The presence of albumen is shown by what is termed the xanthoproteic reaction. To a portion of fresh saliva I add a few drops of strong nitric acid, and you notice that although the mixture becomes slightly turbid, there is no distinct precipitate; upon boiling it becomes clearer and takes on a faint, yellowish hue. I will let this stand for a few moments until it cools off somewhat before finishing the test. To the presence of mucin is due the tenacity and stickiness of saliva. To another portion of the same saliva I will add gradually a few drops of acetic acid, stirring all the time, and the fluid becomes more and more tenacious, until finally the mucin separates in stringy flakes. The test for albumen has now cooled considerably, so we can proceed with the reaction. You remember I added nitric acid and boiled the fluid with the production of this yellowish tint as the result. I will now add a little ammonia, and the faint yellow becomes very decidedly marked, almost orange-red, in fact, showing the presence, to a considerable degree, of albuminoids. Ptyalin, or "animal diastase" is the substance on which the property of converting starch into sugar depends. It has been obtained in this instance by extraction from the salivary glands of an ox with glycerine. The gland is finely minced and covered, in a corked flask, with absolute alcohol. In twenty-four hours the alcohol is poured off, and as much as possible driven off from the gland by pressure; the residue is then covered with glycerine and allowed to stand for several days, being stirred occasionally. At the end of this time the whole is strained through muslin, and then filtered, and the ptyalin is precipitated from the filtrate by an excess of alcohol. The precipitate can then be collected by subsidence and decantation, and must be dried at a low temperature, over sulphuric acid. It is soluble in water, and differs entirely in its reaction from albumen. The xanthoproteic reaction cannot be produced, nor is any precipitate produced with acetic acid and potassium ferrocyanide.

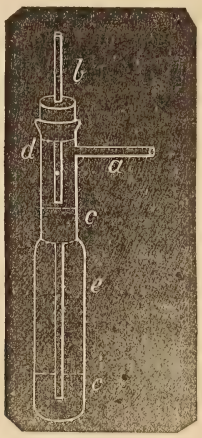
We come now to the study of the most important of the attributes of the salivary secretion, viz., its power of converting starch into sugar.

In each of these three test tubes, which we will number 1, 2, 3, I have placed the same quantity of starch mucilage, made by mixing one grain of powdered starch into a thin paste with a few drops of cold water, and then adding the paste to 100 c.c. of boiling water, and allowing it to boil for ten minutes; then, after standing until the sediment has settled, the clear, supernatant fluid is filtered off and is ready for use. I will now divide this specimen of fresh filtered saliva into two equal parts; one part I add to the test tube marked 2, and the other, after boiling thoroughly for three or four minutes, I add to 3. Into this fourth test tube

I will put saliva alone. I will put them all, now, for a few minutes, into the water bath, heated to 38° C. 1, containing starch mucilage alone; 2, containing one part of saliva to three times its bulk of starch mucilage; 3, starch and saliva in the same proportions, the saliva, however, having been boiled, while the fourth test tube contains saliva alone. While we are waiting until the test tubes have been subjected for a few minutes to the heat of the water bath, I will explain to you the mechanism of the bath (Fig. 3). The bath itself is made of copper, and is twelve inches in diameter and five inches deep; at one side it bulges out, and in the projection thus formed the thermometer and gas regulator are placed. The top consists of a movable copper plate, perforated with several large holes, into which evaporating basins can be placed, while one of them receives this rack for test tubes. Each hole is provided with a cover, which is made with a depressed margin fitting into a groove around each hole so as to make a water joint and prevent escape of steam, the vapor being condensed and falling back into the bath as water. The water is kept at the same constant level by this syphon arrangement. It consists of a glass tube bent twice at a right angle, one end dipping into the bath and the other into this flask containing water; the cork in the mouth of the flask is also perforated for the passage of a straight glass tube, one end of which dips in the water in the flask, and the other communicates with the air. The syphon tube is then filled with water by blowing into the straight tube and so driving the water over into the bath, and then the straight tube is pushed down into the water until its lower end is at the level at which it is desired to keep the water in the bath; this end must be slightly above that of the syphon tube, the vertical difference between the level of these ends forming the effective syphon power. When, now, the level of water in the bath falls below the end of the straight tube, from evaporation, the syphon acts, and the water flows over from the flask into the bath, until the water in the latter attains its former level.

The most important part of the whole arrangement, however, is the gas regulator, modified from Bunsen (Fig. 4), which keeps the bath at a constant temperature. It consists of a wide glass tube, about six inches long, with a narrow horizontal arm coming off at its upper part, and divided at about the centre by a horizontal partition or septum, from which a tube runs down nearly to the bottom of the large tube. The large tube is fitted with a perforated

FIG. 4.



BUNSEN'S GAS REGULATOR.

a. Tube connected with gas main, *b*, with the gas burner. When the bath has been heated to the desired temperature, the tube *b* is pushed down until its lower surface touches the upper surface of the mercury, *c*, thus shutting off all the gas except what can pass through the minute opening *d*. The bath then cools, and the expanded mercury and hot air compressed in *e* shrink and more gas passes until the bath is again heated up, when the expanding mercury again shuts off the gas.

cork, through which passes a small tube open at both ends, and having, at about an inch from the lower end, a minute opening in one side. When wanted for use, a quantity of clean, dry mercury is poured into the large tube (part of which runs down the inner tube from the septum, and compresses the air in the lower chamber), until there is about an inch of mercury over the septum. The cork is then put in, and the horizontal arm connected with the gas main, and the straight tube with the burner under the bath. When, now, the thermometer shows that the water is heated up to 38° C. the inner tube is pushed down until its lower end comes in contact with the upper surface of the mercury which has risen in the large tube, partly from the expansion of the mercury from the heat of the bath, but more especially from the expansion of the air compressed below the septum driving the mercury up the tube. When, now, the small tube is pushed down to the mercury, all the gas is shut off from the burner except as much as can pass through the minute hole in the side of the inner tube, which you see is just enough to keep the burner lit. If,

now, the bath should cool, the mercury and hot air would contract, and more gas would pass until it is again heated up to the temperature at which it was set, when the rising mercury would again shut off the gas. By this means the temperature can be kept nearly constant for weeks. We are now ready to examine our results of the combination of the saliva and starch.

Let us now examine the test tubes—

In No. 1, which you remember contained starch mucilage alone, the addition of a few drops of iodine solution, so dilute as to be almost colorless, causes the instant appearance of the characteristic *blue color* of the iodide of starch, while, if I add a few drops of Fehling's solution to another portion of the same specimen, adding merely enough to give the fluid a blue tinge and then boil, there follows no decoloration or deposit, showing that the starch employed contains *no sugar*.

To a portion of No. 2, which contained starch mucilage and saliva, I add a few drops of the same solution of iodine, and you see the result is very different; there is no such decided blue as occurred in the first instance, merely a faint tinge of *violet*, from the presence of dextrine. The starch has disappeared. To another portion of the same specimen I now add a few drops of Fehling's solution, and upon boiling there is a copious, yellowish-red precipitate, due to the reduction of the cupric to cuprous oxide, and showing the presence of a considerable quantity of sugar. The sugar has replaced the starch.

With the fluid from No. 3, which contains starch and saliva, which latter, however, you remember was boiled, a few drops of iodine gives still the reaction of starch, while boiling with Fehling's fluid shows no sugar. You will learn from this that boiling destroys the property possessed by saliva, of turning starch into sugar. In some instances, when there is an appreciable quantity of proteids in the saliva, the blue of the Fehling's solution is changed to violet.

With the fluid of No. 4, containing merely saliva, there is no reaction to iodine, and the Fehling's solution, when boiled with it, has, I think, more of a violet tint than before.

You have seen, then, that when starch mucilage is subjected to the action of saliva *for a few minutes*, at a temperature of about that of the body, the starch is entirely converted into sugar.

I lay stress upon the condition "for a few minutes," for I want you to appreciate that this conversion is not instantaneous. It was taught by Bidder and Schmidt, that momentary contact of the saliva with starch was all that was necessary to turn the starch into sugar, and an experiment which has been long used to substantiate this view, and which appears, at first, to demonstrate its truth, is really by no means conclusive. The experiment is as follows: Into this beaker, which contains a little saliva, warmed up to 40° C., I will add, drop by drop, a solution of starch which has been colored blue by iodine, and you see, as each drop falls, it is decolorized. It has been supposed that the starch was instantly converted into sugar, breaking, in this manner, the combination of the iodine and starch. That this view, however, is erroneous, was pointed out by Schiff. He showed that the decoloration was due to the conversion by the saliva of the iodine into hydriodic acid, and that many other organic fluids, which would not convert starch into sugar, would decolorize iodide of starch.

I have here a quantity of dog's urine, which you see also decolorizes the iodide of starch; and, if I add a little morphia to another portion of solution of iodide of starch, you see the color disappears. In neither of these substances is there the property of converting starch into sugar, but the result is due to the oxidization of the iodide. There are two practical points to be drawn from this demonstration: First, since the starch is not instantaneously converted into sugar upon contact with the saliva, mastication should be prolonged and thorough, though by no means can all the starch be converted into sugar in the mouth. And second, that starch cannot be considered as a conclusive test for the presence of iodine in the various secretions. It is often desired to test urine, milk, etc., for iodine, as in cases of iodism, and all that is deemed necessary is to add a solution of starch mucilage to the suspected liquid, and if the characteristic blue color does not appear, it is concluded that no iodine is present. This procedure is doubly fallacious; not only because these very fluids have the power of decolorizing solutions of the iodide of starch, but even when iodine is present, it is not in the form of free iodine, but as hydriodic acid, the very agent through which this decolorization is effected.

Let me anticipate here what I will demonstrate to you directly; viz., that cold saliva has little, if any action on raw starch, unless in con-

tact for some hours; yet you see that if I add a little iodine to this mixture of raw starch paste and saliva, no blue coloration is produced, while the iodine will act on raw starch as I now show you. This is another proof that the decolorization was not due to the conversion of starch into sugar.

Continuing our study of the chemical properties of mixed saliva, we have now to examine the influence of temperature, and of acids and alkalies on the diastatic properties of saliva. I have here four test tubes, into each of which I introduce a little saliva with a pipette. 1 I place in a mixture of salt and ice; 2 in the rack on the table; 3 in the water bath at 40° C., and the 4th I boil vigorously for a few minutes, and allow it to cool. After they have been reduced to the temperature of their respective media, I add to each a little starch paste, and after waiting a few minutes test each of them for sugar. None is found in 1; a little in 2; more in 3, and none in 4. I now place the remaining portions of 1 and 4 in the water bath, and after waiting a few minutes test them each again for sugar. Sugar is now found in 1, but none in 4. Therefore you have seen that the power of saliva for converting starch into sugar is more or less suspended at a low temperature, while it is destroyed at a high temperature.

I have shown you that the conversion of starch into sugar is by no means instantaneous, and that even with the most prolonged mastication some unconverted starch is swallowed, and it, therefore, becomes interesting to know whether the acid of the gastric juice will interfere with the process. It is also known that in some pathological cases the reaction of the mouth is acid; is the conversion of starch into sugar thereby prevented?

In these three test tubes 1, 2, and 3, I have placed equal bulks of starch mucilage and saliva. To 1 I add an equal bulk of distilled water; to 2 an equal bulk of distilled water containing 0.65 per cent. of mercantile muriatic acid, which forms an acid of about 0.2 per cent. of H.Cl. being about the degree of acidity of the gastric juice; to 3 I add the same bulk of 10 per cent. muriatic acid. We will put them each into the water bath. After allowing them to remain for a few minutes I will test them each for sugar. It is found in 1 and 2, but none in 3. I will now carefully neutralize the acidity of 3, by adding, drop by drop, a weak solution of caustic potash, carefully avoiding excess until this litmus paper which I have put in the tube gradually becomes pinkish instead of the decided red which it showed before. I will now put it back in the bath, and in a few minutes test again for sugar; and you see it is present in considerable quantity. You will learn from this that although all the starch does not become sugar in the mouth, the acidity of the gastric juice will not interrupt its conversion, and if from any cause either the secretion of the mouth or that of the stomach should become extremely acid, the process will again go on when the excess of acidity has been neutralized by the intestinal fluids, which, you know, are alkaline. It is also well for you to know that the diastatic action of saliva is *destroyed* by the caustic alkalies, not recoverable upon neutralization; but the weaker alkalies, such as lime water, ammonia, carbonate of soda, etc., merely suspend its power of converting starch into sugar. You have, therefore, in these facts the rationale of the administration of alkalies in cases of excessive acidity, either of the mouth or stomach, as in pyrosis, to permit the digestion of amylaceous articles of food, while you also see that in the many cases in which it may be necessary to administer alkalies, there is no danger of arresting this function of the saliva, since, when neutralized in the stomach, the process again goes on.

You have seen that saliva converts starch mucilage rapidly into glucose; the action on raw starch, however, is much slower and more complex. It does not transform it directly, but extracts from it a part, which alone is converted into glucose, while the rest remains unaltered.

Those of you who have examined starch granules under the microscope, know that each granule consists of a number of layers, arranged in an eccentric manner around a point called the hilum. These layers consist alternately of two substances, which are termed respectively starch cellulose and starch granulose. The latter alone is colored by iodine, unless the granules have been previously acted on by sulphuric acid or chloride of zinc. Saliva acts only on the granulose, and hence, when raw starch has been subjected for several hours to saliva, the granules are not colored by iodine though they still retain their form. The saliva has extracted part of the starch granules, the granulose, which it has converted into glucose, while it still leaves intact the cellulose. With starch mucilage, made with boiling water,

however, the case is different; under these circumstances the starch is totally changed; no residue can be discovered upon microscopic examination. The cellulose has itself been altered by the action of the boiling water, and both the cellulose and granulose are changed into dextrine, and it is the dextrine which is converted into glucose. That the cellulose is really the agent which prevents the action of saliva on raw starch, can be readily proved by removing the cellulose artificially, as by powdering starch granules with fine sand, when the cellular envelop is broken up, and an aqueous solution of the granulose can be readily made, which will be comparatively rapidly acted on by saliva.

That the conversion of starch is due to the presence of ptyaline, is proved by the experiment showed to you a few minutes ago, in which you saw that boiling saliva destroyed this property, from which, on the other hand, you would be justified in inferring that ptyaline is what is known as a ferment, and acts "catalytically," a convenient expression of our ignorance.

There is only one other point that I want to call your attention to, in reference to the action of mixed saliva on starch, or rather, I should say in reference to the result of that action; and that is that sugar dialyses, and starch does not.

Into one of these dialysers, formed by tying a piece of parchment paper over one end of a bell-shaped tube, after having found by testing that they are perfectly tight, I have placed some dilute starch mucilage; in the other, another portion, with some saliva. Both were then suspended in separate vases of water for twenty-four hours. We will now examine them. Upon adding iodine to the fluid around the first, there is no evidence of starch; nor, upon testing with Fehling's fluid of sugar. While in the fluid around the second, there is no starch, but there is decided evidence of sugar. Sugar, therefore, dialyses, but starch does not. All the preceding experiments can be made with an aqueous infusion of the salivary glands of most of the lower animals; *e.g.*, guinea pigs, oxen, sheep or rabbits.

Duboisin.

This new remedy, derived from the leaves of the cork-wood tree of Australia, is now coming into considerable use as a mydriatic, and also as a preventive of night sweats. In the latter field it is preferred by some to atropine or belladonna. From the reports received, it is doubtless a valuable alkaloid.

Communications.

VESICO-VAGINAL FISTULA, OF EIGHT YEARS' STANDING.

BY E. C. DUNNING, M.D.,
Of Wilmington, Del.

Mrs. Catharine B., a native of Ireland, aged 44 years, the mother of six children, was seized with labor at full term, during the month of August, 1870. She states the labor was difficult, and after fifteen hours she was delivered, with instruments, of a dead male fœtus. For some days after she urinated in the natural way, but complained of being extremely sore, and as she expressed it, "gathered inside." After ten days, while sitting in a chair, she felt something give way in the vagina, and a warm gush of urine flow over her parts. A vesico-vaginal fistula was thus formed, no doubt, from a slough, resulting either from long continued pressure of the fetal head upon the vesico-vaginal septum, or from injury to this part by the instruments employed. During the next three years, 1871 to 1873, she was operated upon four times, in the hospitals of Philadelphia, for the closure of the fistula, but without success. She became pregnant in the autumn of 1873, and in the following spring came to me with a note from the surgeon who had operated upon her in Philadelphia, requesting me to take charge of her in her confinement. Upon the 19th of June, 1874, I delivered her of a healthy male child.

The fistula was not enlarged by this labor. She returned to Philadelphia in the fall of 1874, and during the three succeeding years, 1874–77, was operated upon four more times, but without success. Indeed, the fistulous opening had been enlarged to twice its original size, being now fully two inches in its long or transverse diameter. She found herself again pregnant in the fall of 1877, and in the following August, 1878, I delivered her of another healthy male child. She had been now for eight years suffering with this loathsome and distressing malady, and had been operated upon eight different times for the cure of the same. Discouraged by her friends from any further efforts for relief, she had become sad and despondent. She now turned to me and asked me to undertake her cure. I called Dr. D. W. Maull in consultation, and after an examination it was decided to operate, although the surrounding

circumstances were not the most favorable. The patient's general health was good. On the 18th of October, the bowels having been freely moved the previous day, the following operation for closure of the fistula was performed by Dr. D. W. Maull, assisted by Drs. Lewis P. Bush, Willard Springer, and myself. The patient having been thoroughly etherized, was turned upon her abdomen, across some hard pillows, before a good light, and a Sims duck-bill speculum introduced, which brought the fistulous opening clearly into view.

The fistula involved the inferior fundus of the bladder, was transverse in direction, oval in shape, and fully two inches in its long diameter. The fundus of the bladder dipped through the fistulous opening into the vagina, forming a vesical hernia, and had been accompanied with severe bearing down pains. Adhesive inflammation had glued the bladder to the upper margin of the fistula, so that this viscus could not be entirely returned to its normal position. The bladder was now seized with a pair of long forceps and dissected away from the upper margin of the opening, and returned to its natural position. The edges of the fistula were then well freshened, and after the hemorrhage had ceased, were brought together by seven silver wire sutures, which were twisted upon themselves, no button or shot being used. The ends of the sutures were encased in a piece of gum tubing and brought out of the vagina. The woman was now placed upon her back, in bed, and after she had recovered from the anæsthesia, a Sims self-retaining catheter was introduced into the bladder, to which was attached a piece of gum tubing, to conduct the urine to a vessel placed in a chair alongside of the bed, and thus the bladder kept well drained. A half a grain of morphia was now administered and repeated in six hours. On the following morning, October 19th, patient had rested well, but was suffering from nausea and had some retching. A teaspoonful of liq. bismuthi ammonia citratis relieved these symptoms, and half a grain of pulv. opii was substituted for the morphia, to be continued morning and evening. Perfect rest and a light, but nutritious diet was ordered, the catheter to be changed every twelve hours, and the vagina syringed with tepid water, into which a little carbolic water had been poured. October 23d all inflammatory symptoms had disappeared; urine clear and flowed freely; skin soft and general condition excellent. Same treatment continued.

As there was no purulent discharge from the wound, and the sutures were causing no irritation, they were allowed to remain until October 30th, twelve days after the operation, when they were removed, and the wound had united throughout.

As the fistula was of large size, it was thought best to retain the catheter in the bladder for a few days longer, to allow the cicatrix to become thoroughly solidified before subjecting it to any strain.

November 1st. The opiate was now withdrawn, and the bowels were opened with small doses of ol. ricini, given every six hours, having been confined two weeks without causing the patient any inconvenience.

November 7th. The catheter was removed and the patient urinated through the urethra, which she had been unable to do for the previous eight years. She was now permitted to rise from bed. There was no incontinence, but perfect control of her urine at this writing.

November 20th. The cicatrix is firm: she has perfect control; urinates naturally, and is entirely restored, and is attending to her home duties with a cheerfulness of disposition and buoyancy of spirit which clearly attest the change which has been wrought in her condition.

Hospital Reports.

PHILADELPHIA HOSPITAL.

CLINIC OF DR. F. F. MAURY.

REPORTED BY DR. C. W. DULLES.

Case 1.—Erysipelas of the Face and Scalp.

Gentlemen:—This patient was brought before you a week ago, expecting an operation for the relief of an epithelioma which had destroyed a large part of the floor of the mouth on the right side, had opened its way through the right cheek, and promised before long to terminate the man's existence. He was very anxious to have any operation done which would relieve him of some of the horrors entailed by this disease, no matter at what risk, and I had made up my mind to attempt to help him, when, you will remember, the appearance of his face led me to fear he was threatened with erysipelas, and I sent him to the ward, telling you my reason at the time. And now you see how well-grounded was my fear. The next day erysipelas broke out, and has since pursued its typical course, so that, as the man lies before you, with his face enormously swollen and disfigured, no one could

mistake what has taken place. His skin, you see, is much discolored, of a bronze hue. This is dependent upon the fact that it and his shaven scalp have been painted with a solution of equal parts of alcohol and tincture of iodine. In addition, Dr. Moore, my resident, has judiciously given him, three times daily, twenty-four drops of the tincture of the chloride of iron and five grains of quinine, as well as from fourteen to eighteen fluid ounces of whisky every twenty-four hours. His food has been entirely fluid—for the poor fellow cannot eat, on account of the destruction of so large a part of his face—and it has been necessary to inject it into the œsophagus with a syringe, to which was attached a piece of rubber tube.

The man says, as well as he can, that he is now feeling pretty comfortable; he has no pain about his head, and sleeps well, for him. I promise him I will operate next week, if he is in good enough condition.

Case 2.—Injury of the Shoulder Joint.

This man comes before us with some trouble at the left shoulder, not as yet clearly distinguished. There is no surgical subject in regard to which so many mistakes are made, so many suits for malpractice instituted, as that of the injuries of bones and joints. The elbow joint is perhaps the one about which there is most trouble, and it furnishes a fine opportunity for an original thesis, which, if it added to our knowledge, would make its writer to be remembered.

In the case before us we see a shoulder whose rotundity, as compared with the right, is lost; there is an apparent shrinking of the deltoid muscle, the fibres of which look a little stretched, and in which I find gutters, for this muscle is coarse, like the glutei. When I tell the patient to put his hand on his opposite shoulder, he does it, though with difficulty; when he attempts to put it on the crown of his head, however, he cannot, without bending his head down to meet his hand.

I now examine his shoulder joint by grasping firmly the scapula above and the humerus below. In conducting such an examination, never take hold of the hand, for then you have two joints, the wrist and the elbow, between you and the part to be examined, and you cannot do it properly. You must grasp firmly the part just above and the part just below.

When the man lets me have his arm to myself, I find only an abnormal stiffening and impairment of motion. My fingers, thrust up into the axilla, find that the head of the humerus is not displaced, and so I make the diagnosis that there has been a luxation of the humerus, which has been reduced, and we have now to deal with adhesions formed in consequence of the luxation.

The treatment must be passive motion, which I will now practice and have it repeated every day until the joint moves freely. It causes considerable pain, but I don't think it necessary to give ether. The man must be willing to bear something if he would be cured. If the process proves irritating we may suspend it for short intervals and make anodyne applications. At the same time I will have the parts about this joint well rubbed with the following liniment:—

℞.	Spts. rosmarin,		f.℥ij
	Lin. ammon.,		f.℥vj
	Lin. sapon.,	q. s. ad	f.℥vj.

Case 3.—Sinus of the Leg.

On the inner aspect of this young man's leg you see two openings, with purplish, unhealthy looking margins, from which a small amount of semi-purulent matter can be pressed. The origin of this trouble he associates with a gunshot injury, and it has now lasted a long while.

The appearance of the openings would lead us to suspect—especially in this location—that they communicate with dead bone. If this be the case we must remove it; if not, if we have but a sinus here, a free incision will enable us to ascertain this, and also put it in the best condition for healing.

We begin by applying Esmarch's bandage. This consists of a roller of rubber, which is applied tight, and without reverses, from the very extremity of a limb to a point above where an operation is to be performed; and a piece of rubber tubing which is drawn very firmly about the limb several times and fastened just above the last turn of the roller, which is then removed from this point downward. The roller drives out of the limb almost every particle of blood, and the tube, acting as a tourniquet, prevents its return. We thus have the means of doing tedious, and otherwise bloody, operations without any hemorrhage to interfere with our work or hide it from our eyes. This is of special value in operations upon the bones, and I consider Esmarch's bandage as one of the greatest achievements of modern surgery. For my own part, I may say, too, that I have never seen any evil results from its employment, such as other surgeons have reported, and have no fear of it.

Now, in proceeding with our operation, I make a free incision between these openings, as I have over and over again charged you to do. Make an exploratory incision in the skin, free. Don't be afraid. Then I examine with my finger—the best probe possible—the bottom of this tract, and I find no dead bone; we have only a sinus here. I now scrape out a large quantity of cacoplastic lymph, to freshen the walls of the sinus, and put it in a good condition for repair.

In all this, you see, there has not been a drop of blood lost—not a drop. But now, as my resident slowly loosens the rubber tube, you see the pallid limb growing rosy. The blood is returning to it, and comes welling up from the raw surface I have made. I do not check this at once, for I believe the depletion will do good; but after it has continued for a while, if it do not cease spontaneously, we will insert a piece of sponge soaked in equal parts of Monsell's solution and water, and leave it in for a

day. In this way we shall expect to secure the healing of this sinus before long.

Case 4.—Phagedena.

The woman now brought before you is the one whom you saw some weeks ago (vide MEDICAL AND SURGICAL REPORTER, October 19th, 1878), with a deep ulcer at the side of her vulva, the origin of which she said was traumatic. I was then inclined to believe she was right, but now I am by no means satisfied of this. Our treatment was the local application of iodoform and general tonics; but the ulcer has not been doing well. As you now see, it has destroyed the right labium, dissected up a part of the mons veneris and the perineum, leaving an ugly gap toward the right ischiatic fossa. The edges and surface of the ulcer are indurated and dense, and I have concluded to make an application of a very decided character, namely, the hot iron. You have seen me use this frequently, for I have great faith in its merits, and I think you know that the results I have obtained are such as would encourage my faith.

Our patient has been etherized, and we must be careful not to set fire to the ether vapor with our irons. Such an accident happens every now and then. The irons are heated to a white heat, and I apply one firmly against the surface of the ulcer, and press it into its recesses. Another is necessary, for the surface to be cauterized is extensive, and I wish to do it thoroughly. When this is attained, I place against the parts a folded towel which has been soaked in cold water. I will now order the application of a light poultice, to assist in the removal of the eschar, after which we will apply a stimulating ointment, to aid the granulating process.

Case 5.—Syphilis.

Here is a young man who has a large swelling over each sterno-cleido-mastoid muscle, and on examining his anus we find on the flexor aspect of each, and going around toward their extensor surfaces, a profuse eruption, vesicular, squamous and papular. What is it? Beyond a doubt, syphilis. There never was a disease in the world which presented such an appearance as you see before you, except syphilis. It has manifested itself on this man's skin in three several types, constituting what is called the polymorphic variety. The glands involved in the present case are not those most frequently affected. Generally we look for what is called post-cervical adenitis, or, to speak in plain English, kernels in the back of the neck. But in the present case I find none. This does not surprise me, for I know how varied may be the manifestations of syphilis, what different parts of the body may be attacked by the hydra-headed monster.

Occasionally, a man comes into my office and says: "But, doctor, there is something strange about my trouble; I never heard of a case acting like this." To which I always reply, "I never saw two cases of syphilis exactly alike." Nor did I. So much depends upon a patient's constitution, and the circumstances with which he is surrounded, that no man can say beforehand just how he will be affected by this disease.

The patient before you is deeply impressed with the poison; he is in a miserable, pulled-down, cachectic condition, and must be built up with tonics and stimulants. At the same time I will have him given the sirop-Gibert as a specific, hoping it will aid in freeing his system from the poison.

MEDICAL DEPARTMENT OF THE UNIVERSITY OF NEW YORK.

CLINIC OF WILLIAM A. HAMMOND, M.D.,

Professor of Diseases of the Mind and Nervous System.

REPORTED BY WORTHINGTON MYERS, A.M., M.D.

Cerebral Congestion.

(*Concluded from page* 360.)

Cerebral hyperæmia, the first stage in a majority of cases, and very rarely arrested in the first or hyperæmic stage, seldom progresses further, and if so, is developed by symptoms much more serious in their character. In the hyperæmic stage the vessels have lost their elasticity, thereby preventing the access of blood to the head.

In the treatment the measures adopted are both sanitary and hygienic. Hygienic—first, removal of the cause. This is in a measure dependent upon the intellectual condition of the patient. Emotional disturbances must be avoided. If the patient continues to do those things which caused the attack, or which aggravate it when it does exist, no amount of sanitary precaution will cause the cure or removal of the disease. Exercise in the open air is most beneficial. A brisk walk, so as to draw the blood from the veins, and where all the muscles are brought into action, tends to draw the blood from the head. The patient must have sound and refreshing sleep. His room must not be kept at a temperature exceeding 60° in winter. The pillow must be neither too high nor too low. The head must be on a line with the body; if not, an angle is produced in the neck, which impedes the return of blood to the head. A round pillow should be used. The Japanese have the best ideas concerning this. They are constructed so as to fit in and fill up this space, and are admirably adapted. Attention should be paid to diet, not only as regards quantity, but quality of the food. Persons with weak stomachs, especially those subject to dyspepsia, suffer from cerebral congestion, caused by the pressure on the abdominal veins, thereby impeding the return of blood to the head. The food must be nutritious, not overstimulating, but of a character which will create healthy blood without exciting the action of the heart in too great a degree.

Medical Treatment.—Medicines must be employed which diminish the amount of blood to the head. Now, the bromides, in conjunction with ergot, possess the property of directly diminishing this amount of blood without producing anæmia. Of the bromides we have sodium, potassa and lithium, but no choice is requisite to accomplish this. They all possess the same property, viz., of diminishing the amount of blood to the brain and contracting the cerebral blood vessels. We do not wish to produce the condition, *bromism*, which indicates congestion, but merely to reduce cerebral hyperæmia. Now, in cases like epilepsy, for instance, it is different; here we give larger doses, so as to produce the condition, *bromism*. In cases of this kind I place the patient upon the following—

℞. Bromid. sodium, ℥j
Ex. ergot, fld., ℥ij
Pepsin,
Pulv. charcoal, "saccharated," āā ℥iij
Water, ℥ij.

of which a teaspooonful is given every three or four hours. This treatment should be persevered in for three or four weeks. He will tell me he feels better in a day or two, but the action must be still kept up. The cerebral vessels will gradually relax in their ordinary size. Nervous dyspepsia, gastric derangement, over-exertion of the mind, etc., are all most speedily benefited by this treatment.

Should the disease be caused by malaria, the treatment must be in accordance; but if caused by emotional disturbance, the above treatment is most effective. Of the local applications, the actual cautery is the best, and should be applied to the back of the neck, and repeated once in ten days. The old custom was to place keys and cold substances down the back, for the purpose of controlling hemorrhage. Here they acted on the sympathetic circle and thereby contracted the blood-vessels, and they in turn contract the cerebral vessels. The same action is produced by the actual cautery.

The action of any medicine which acts powerfully on the system is debilitating. The bromides produce, at first, an uncomfortable feeling. Their ultimate action is most beneficial. If you would give him strychnia, quinine, or any nerve tonic, you would not succeed in getting the blood out of his head. To control this action, the most efficient preparation is the following—

℞. Zinc phosphide
Nux vomica, āā grs.x.

To be made into thirty pills, one three times daily. If malarious, give him, in addition, quinine with hydrobromic acid. The effect of quinia to increase the quantity of blood in the brain is controlled by the acid. In the fully developed form of the disease, the treatment does not materially differ, only more active. Cold to head, cups to back of neck. Bromides fully and freely, and, if necessary, five or six ounces of blood from the arm, etc.

If the bowels are constipated, open them; not otherwise. The best and simplest cathartic which I have employed for years, is composed of ox-gall and extract aloes, fifteen grains each, with three grains podophyllin. One pill to be taken every night or every other night. This preparation or combination will relieve constipation in any form. The ox-gall is a mild and pleasant purgative, and softens the fæces. In this disease there is a tendency of the fæces to become hardened. If you have a quantity of fæces low down in the colon, then use this as an injection.

Lumbago.

Here is an illustration of a common affection, which we will be often called upon to treat, viz., lumbago. The question arises, What is lumbago? Some authors locate it in the muscles of the lumbar region; others in the nerves, as brachialgia in the brachial nerve, sciatica in the sciatic nerve. Lumbago is simply a slight inflammation of the neurilemma of the nerve. In some cases we find it red, in others no change whatever, upon examination. In sciatica we sometimes have atrophy in the limb.

This man has been a hack driver. Such persons are peculiarly liable to this affection, from exposure, and the position they occupy on the box, which tend to aggravate it, as does everything which tends to bring these muscles into action in contact with the nerves, thus developing a powerful paroxysm. He has taken mercury, potass. iodide, etc., with local applications, but without benefit.

We will give him hypodermic injections of ⅛ grain morphia. No better plan of treatment can be pursued in these affections, but they *must be continued*. The dose must be increased each day. Commence with ⅛ grain and inject, whether there is pain or not, and increase this until you have reached one or two grains, when you will find he will bear the last as well as the first; then commence and reduce the quantity each day, until you have reached the starting point, viz., ⅛ grain, and then stop.

In sciatica it is a little more obstinate. Now, here it makes *all the difference where you make your injection*. Endeavor to reach the nerve as nearly as possible, and this you can best do by making your incision midway between a line drawn between the tuberosity of the ischium and the great trochanter. It greatly facilitates the treatment to inject at this point. In lumbago we inject at the seat of greatest pain. In sciatica place the nerve upon a stretch; that is, cut down upon it, place the handle of your scalpel under it, and gently lift it up. It will stretch about an inch; then press it very lightly, and you will radically cure the patient. This is useful in extreme cases, which have resisted all other treatment. It will be found beneficial in all neuralgic affections. We will place a hypodermic injection and increase it each day, and apply the actual cautery to the small of the back on each side of the vertebral column.

Editorial Department

Periscope.

Metalloscopy and Metallo-therapy.

These pseudo-therapeutical methods still continue to attract considerable attention in Europe. Though distrusting the value of the results, we present them to our readers.

Professor Eulenburg, of Griefswald (*Ueber Metallotherapie, Deutsche Medicinische Wochenschrift*, Nos. 25 and 26), has recently made some researches on the subject. He repeated Regnard's experiment, by bringing a galvanometer into connection with the skin, applying the metal plates, and then causing electric currents to pass between the two. After further experiments on six individuals, he came to the following conclusions: 1. The same plates, applied to various healthy individuals on the same parts of the skin, and under similar conditions, appear to be more active in some cases than in others, sometimes having almost no effect. 2. The galvanometric intensity of the metals is by no means alike in all healthy individuals; zinc, more effective than gold in some persons, is less so in others, and *vice versa;* the proportions even vary at times in the same individuals (owing, perhaps, to some alteration in the dampness of the skin).

Dr. C. Westphal (*Ueber Metalloskopie, Berliner Klin. Wochenschrift*, No. 30, 1878) has also made researches on the same subject, and almost at the same time as Eulenburg. After making himself personally acquainted with Charcot's experiments, and selecting like cases (effeminate, hysterical, hemi-anæsthetic individuals), he began by using silver coins, and arrived at conclusions similar to those of Charcot—namely, the return of sensibility, sometimes local, sometimes affecting the entire side of the body; and also the "transfer," *i. e.*, with increased sensibility of the anæsthetic spot, a corresponding diminution on the symmetrical spot of the opposite side of the body. He then tried the application of iron, magnetic stone, copper covered with varnish or sealing wax, and bone-markers, and obtained similar, although somewhat weaker, results. His assistant, Dr. Adamkiewicz, produced them also by means of mustard plaster, while hot water and the electric brush were used without effect. Westphal says, in conclusion, that one must admit the fact that sensibility is restored by means of metallic plates, but he doubts whether (as Eulenburg says) it takes place through galvanic currents, inasmuch as non-metallic plates produce the same results. He thinks, in opposition to Burq, that no absolute idiosyncrasy for special metals exists, because two metals may be effectual in one and the same patient. The therapeutic result is at the best but limited and temporary.

M. Thennes reported to the Biological Society, at the meeting of October 12th, that he had ascertained, in the cases of two hysterical patients, that thermal agents are capable of acting in the same way as metals and currents. With applications of ice in one case and of hot water in the other, the hemi-anæsthesia, achromatopsy and contraction disappeared.

A case is given in the *British Medical Journal*, October 12th, of hemi-anesthesia treated by the metals, under the care of Dr. Bennett. This practitioner has made a large number of experiments on this and others of a similar nature, the details of which, and his conclusion as regards metallic treatment, he proposes soon to publish. He pointed out to several who witnessed some of the facts here described, that it is obvious that the phenomena following external applications to anæsthetic skin is perfectly genuine, and the manner in which the experiments were performed certainly gave little opportunity for voluntary deception on the part of the patient, or partiality of theory on the part of the observer. He remarked that, so far as his experience went, the phenomena were not due to any special metallic action, as the application of wood was followed by all the results attributable to the metals. As far as he could judge from his own observations, the changes were due to the efforts of expectant attention, and the result of the manipulations acting on the body through the mind. This is not in discord with known facts, and more especially with such a symptom as anæsthesia, which is well known to be so changeable and so easily affected by the emotions. This is rendered all the more probable by the fact that the large majority of subjects treated successfully in this way are women of a hysterical and impressionable temperament.

On the Employment of Digitalis.

Professor Teissier, of Paris, in a recent discussion, said that after a clinical experience of thirty-five years Professor Teissier has come to the conclusion that there are few affections of the heart in which it is not a suitable medicine, and that it becomes in turn sedative or stimulant, according to the condition of the heart. He does not regard either hypertrophy or aortic affections as contraindicating its employment; and as to the diseases of the right side of the heart, they can but benefit by a remedy which both increases the *vis a tergo* and increases the nervous circulation. Professor Gubler observed that digitalis is truly a tonic of the heart, although its tonic action may be only indirect. The cases in which it succeeds best are those

where the cardiac disorders are most considerable, the increased energy being accompanied by debility of the organ. Every one is aware that, as regards force, there is a great difference between the impulse of the heart and the arterial pulse, all having seen cases wherein, while the heart beats violently, the pulse remains small and feeble. It is in such cases that tonic action is advantageous, digitalis proving useful when the cardiac action is the dominant feature. The true contraindications are found in the fundamental feebleness of the heart and irregularities of rhythm—what may be termed cardioplegia. Professor Gubler considers that sphygmographic tracings are highly deceptive, the positions of the instrument with relation to the artery entirely changing their character.

Electro-Puncture in Aneurism of the Aorta.

Drs. Dujardin-Beaumetz and Proust read a memoir at the recent meeting of the French Society for the Advancement of Science, in which they state that, as the result of the employment of electro-punctures in six cases of aneurism of the aorta, they are enabled to conclude that Ciniselli's procedure, as they have modified it, has become a simple operation unattended with danger, and constitutes an efficacious and rational mode of treatment. In one case, described by Dr. Proust, the patient having died from hemorrhagic infiltration of the lungs, it became possible to show that a thick layer of fibrinous coagula existed in the portion of the aneurismal sac where the needles had been applied. This case showed that the electro-puncture could be successfully practiced in patients whose general condition was a very grave one; that the coagula were deposited at the point of application of the positive pole; and that M. Gaiffe's improved instruments should be employed. M. Teissier observed that several experiments which he had performed corroborated the above conclusions, for he had found sphacelus produced in the arterial wall at the point of application of the negative pole, while several accidents arose during the application. But the application of the positive pole never gave rise to any accident, so that Drs. Dujardin and Proust have good reason for modifying Ciniselli's procedure by employing only the positive pole as the active agent, applying the negative one to a moistened plate with a broad surface placed at a distant part of the body.

—The physicians of Long Branch, N. J., have recently organized a medical association. During one of their meetings a query arose as to the number of people who never paid their doctors' bills, and a committee was appointed to investigate the matter. It was found that there are three hundred families who do not and have not for years paid a physician, but call upon first one and then another, as occasion requires. It was determined to organize a protective union.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——Dr. J. B. Marvin, in a reprint from the *American Practitioner*, gives a sketch of yellow fever as it appeared at the Louisville Hospital last summer, of which institution he had charge. He enters carefully into its diagnosis, pathology and treatment. On the latter point he does not suggest anything new, following the old plan of commencing with diaphoretics, a purge, and quinine, a plan, we may add, which has proved the reverse of satisfactory in cases of the continued type.

——A thoughtful report on the care of the insane appears in the *Transactions of the Pennsylvania State Medical Society*, and as a reprint. The author is Dr. John Curwen, of Harrisburg. He sums up the question of how to occupy insane patients in the following words:—

"The conclusion of the whole matter may be briefly summed up in this, that while admitting the great benefit of occupation, and using every effort to induce the insane to engage in it, the practical solution of the difficulties incident to the work must be left to the best judgment of those to whose immediate care the insane are committed, who must be admitted to have a greater interest in the decision than those who look on at a safe distance; describing in glowing terms what should be, but never giving any assistance or counsel in regard to the best means of overcoming the difficulties which beset the subject."

——Prof. F. H. Gerrish, of Portland, has republished an oration delivered before the Maine Medical Association, on the duties of the medical profession concerning prostitution and its allied vices. His proposals are exceedingly theoretical and unpractical. While fully impressed with the necessity of doing something, he resolutely avoids the only straightforward and sensible plan, the one so often recommended in this journal, that of registration and examination. It is to be regretted that timidity and prejudice have so much weakened Dr. Gerrish's opinions.

——An interesting resumé of medication, addressed to the sympathetic nerve system, especially as illustrated in the exhibition of the

alkaloids muscarin, pilocarpin and atropin, appears in the Virginia *Medical Monthly*, by Dr. J. J. Caldwell, of Baltimore.

BOOK NOTICES.

Lectures on Localization in Diseases of the Brain. By J. M. Charcot, Professor in the Faculty of Medicine of Paris. Edited by Bourneville. Translated by Edward P. Fowler, M.D. New York, Wm. Wood & Co., 1878, pp. 133.

Lectures on Bright's Disease of the Kidneys. By J. M. Charcot. Collected and published by Drs. Bourneville and Sevestre. Translated by Henry B. Millard. New York, Wm. Wood & Co., 1878, pp. 99.

The name of Professor Charcot is intimately allied with some of the most fruitful studies of the pathology of the nervous system. He stands, with Brown-Sequard, at the head of the list of French investigators in this difficult branch. It has been a matter of surprise to us that none of his works have previously been introduced to the American public.

His work on localization of cerebral diseases begins with a series of most carefully written chapters on the anatomy, histology and nutrition of the various portions of the brain. The different lobes and convolutions are laid off and illustrated by numerous wood cuts and diagrams inserted in the text. Having in this minute manner studied the normal aspects of the organ, the author proceeds to a study of the diseases, with a special purpose of defining their symptoms in a clear language, and bringing them into relation with the portions of the brain which manifest lesions.

The chapters on the optic nerves, their origin and lesions, and the relations of these to the defects and peculiarities of vision, will have a high interest to ophthalmologists.

The general result of Charcot's researches is in favor of the cross action of lesions of the cerebrum, those in the left lobe affecting the right side of the body, and the reverse; in opposition to the views recently so vigorously urged by Brown-Sequard.

He also seems to have definitely established that the locations of cortical lesions which produce secondary degenerations correspond to the locations of the psycho-motor centers.

The second work we have mentioned above will probably appeal to a wider class of readers. The pathology of those multiform degenerations of the kidneys which we group under the title of Bright's disease has long been a mooted point.

After several introductory chapters of an anatomical and physiological character, M. Charcot divides Bright's disease into the three forms of parenchymatous nephritis, interstitial nephritis, and amyloid degeneration. The first mentioned he divides again into the acute and chronic forms, and he insists on fundamental differences between either of these and scarlatinal nephritis. The latter he classes as a variety of interstitial nephritis. In regard to amyloid kidney, while he points out that there is no pathognomonic indications of its presence, he classifies the symptoms so clearly that the reader will not find it difficult to recognize.

Two admirable colored plates accompany the book.

Essentials of Chemistry, Inorganic and Organic. For the use of Students in Medicine. By R. A. Witthaus, A.M. M.D., New York. Wm. Wood & Co., 1879. 18mo, pp. 257.

This is a sort of vest-pocket compendium of chemistry, arranged in the form of question and answer, so that the student can readily post himself on the inquiries likely to be propounded to him by the quiz master or the professor. If he makes himself able to answer the something more than a thousand questions it contains, we do not doubt he will pass with flying colors.

The Illinois State Medical Register for 1878-79. Published annually, under the supervision of the Chicago Medico-Historical Society, with the co-operation of the Illinois State Medical Society. D. W. Graham, A.M. M.D., editor. Volume IV. Chicago. W. T. Keener, 94 Washington street, 1878. pp. 200.

This State directory may be recommended, for form, accuracy, and good taste in its preparation, as equal to any in the United States. We have repeatedly insisted on the advantages to the profession arising from such publications; and when every State in the Union imitates Illinois, Massachusetts, and a few others, in this matter, the profession will have taken a long stride toward that unity of action which is essential to securing its utmost efficiency for the public welfare.

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THE VALUE OF DIAGNOSIS TO SANITARY SCIENCE.

The grand old doctors had a high opinion of diagnosis, though to our advanced thought they seem to have known little about it. *Medicus sufficiens ad cognoscendum morbum, sufficiens est ad curandum*, was their sublime boast. Perhaps it was because, after all, they could so rarely recognize a disease when they saw it. It seems incomprehensible how they could have overlooked the significance of heart and lung sounds, when there is hardly a hospital that does not present cases that you can auscult at three feet distance.

At any rate we can no longer pretend to cure all or even a respectable fraction of the diseases we can diagnose. Failing to cure them, we can, however, with some show of reason, say we can prevent them. Here is where a nice diagnosis stands vastly to our credit. Modern sanitation is, in fact, built on modern diagnosis. This was well set forth recently in an article by Dr. J. N. RADCLIFFE, in the *Practitioner*. He says:—

"The supreme merit of the discrimination of typhoid from typhus in relation to hygiene, was the clear and decisive proof then furnished that *a true sanitary method must rest upon the discrimination of diseases;* or in other words, that *the fundamental principle of true sanitary method was the discrimination of disease.*

"The recognition of this principle has governed all the sound work in hygiene since the period of which I have been speaking, as I shall have occasion to show in my next lecture. Indeed, true hygiene is only possible in proportion as clear and accurate knowledge of disease is obtained. Hygiene, the preservation of health, is in reality the art of preventing disease. In the earlier days of this art it was believed hat health could be maintained and diseases avoided in the gross. Experience has taught us otherwise, and that like all arts resting upon a scientific basis, hygiene, to be practiced successfully, must be founded on a scientific method. And such method consists in dealing with the particular conditions which favor the assaults of particular diseases in detail."

These conditions have been carefully enu-

merated by Dr. ARLIDGE, in his recent address before the British Medical Association, so far as they refer to manufactures and the arts, to what are called "trade diseases."

From a comprehensive view of the circumstances directly answerable for the production of disease, he constructs the eight following classes, some of them of wide-spreading influence, others of very limited operation.

1. The evolution of dust.
2. The evolution of unwholesome vapors and gases.
3. Materials of an irritant or poisonous nature acting through the system or only locally.
4. Over-heated air, whether dry or laden with moisture.
5. Compressed air and rarefied air.
6. External conditions acting upon the organs of special sense.
7. Over-exertion of particular parts of the body.
8. Mechanical appliances productive of bodily injury.

The most widely spread source of disease flowing directly from the labor pursued is assuredly the evolution of dust. Its presence and action are observed in all textile factories; in potteries; in mining, whether for coal or metallic ores; in cutlery manufacture; in cutting and polishing stone, ivory, and mother-o'-pearl; in the grinding of flour; and, in fact, in many other small trades that need not be specified. The other causes are, however, wide reaching, and not a physician but can recall cases brought about by them.

It will be noted that all or nearly all of them are preventable; and were the attention of inventors more prominently called to the matter, and stimulated by offers from those interested in the good of the community, no doubt there is hardly a trade but could be prosecuted innocuously. There is here a field for practical philanthropy which asks cultivation, and the benefit of any discovery in which will extend world wide. As it is an excellent mode of stimulating investigation, will not some one offer a "Prize" for the most useful discovery in this branch?

NOTES AND COMMENTS.

The Importance of Medical Observation in Rural Districts.

An esteemed correspondent, long identified with medical instruction, writes us, from a western city:—

"You have often appealed to country physicians for more facts and opinions from their experience. There is a large field that is not cultivated, or a great number of facts and observations that, if recorded, would be new, and as important as any found in the city. The practice of medicine and surgery has entirely different phases in city and country."

We avail ourselves of this opportunity to repeat the opinion referred to. Take, for instance, the very important class of malarial diseases. They are hardly ever seen in the great cities; never, with the physiognomy they present in country localities. Again, the adynamic type, so constantly met with in disease in cities, is far less rare in many healthy rural districts. Pneumonia has neither the same onset nor the same history in the two. As the vast majority of physicians and patients are not residents of cities, it is certainly most fit that the diseases of the residents of the country should receive special attention, and this can only be done by the physicians who are their medical attendants.

The Diagnosis of Early Hip Disease.

Quoting a thesis of Dr. Ollivier, a writer in the Boston *Medical and Surgical Journal* says—

Mistakes in the diagnosis of hip disease are, unfortunately, not uncommon. The results of such mistakes are deplorable.

It has been said that every case of hip disease passes through a stage when it is called "rheumatism." It is precisely at this stage that a diagnosis should be made.

Cases are not unfrequently seen where a diagnosis of "incipient" hip disease is made, although the disease has progressed so far that suppuration of the joint is imminent; it being apparently the opinion of some that hip disease is not present until grating can be felt on manipulating the joint under an anæsthetic, or, in other words, until the disease has progressed to a dangerous extent.

The liability to error will be less if the following facts be kept in mind:—

1. Serious disease at the hip joint may exist

when no pain is complained of, and when no tenderness can be discovered.

2. Hip disease may be present, although the motion at the hip joint is quite free.

3. If the motion at one hip joint is more limited than at the other, hip disease must always be suspected, and the symptom regarded as highly characteristic of hip disease.

4. At the earliest stage the limitation of motion most readily recognized is in the direction of extension.

On Opening the Abdomen to Relieve Intestinal Obstruction.

In a discussion on this subject, Mr. Teale, an eminent London surgeon, said—

"I must confess to having myself a strong bearing toward the operation, on the grounds both of theory and experience. I have six times opened the abdomen in apparently hopeless cases of obstruction of the bowels, and I do not consider that in any one of them the chance of recovery was taken away by the operation. The operation is justified on two cardinal grounds:—

"1. That the simple opening of the peritoneal cavity, in order to search for the cause of obstruction, is not of itself a dangerous operation.

"2. That there are many cases of obstruction of the bowels which must prove fatal, unless relief can be given, which can only be rightly directed by means of exploration of the abdominal cavity.

"As to the harmlessness of opening the peritoneal cavity, I need hardly remind you how constantly this is done in operations for hernia."

Alum in Baking Powders.

In a recent number of the *Scientific American*, Mr. Henry A. Mott, who had lately been appointed chemist by the United States Government for the Indian Department, publishes the result of his investigation into the quality of baking powders as they are supplied by the large manufacturers. He ascertained, he says, that 50 per cent. were adulterated. Every powder he could find in the market he submitted to analysis. He examined forty-two—twenty-nine of them came from various sections of the country, and had been offered to the Department; thirteen were procured from various grocery stores in New York.

The best powders are composed of bitartrate of potash, tartaric acid, carbonate of ammonia and bicarbonate of soda, bound together by a little starch.

The injurious powders are composed of alum and bicarbonate of soda, and often contain terra alba (white earth), insoluble phosphate of lime, etc. The effect of alum when taken internally has been shown by Wilmer and others to produce dyspepsia, constipation, vomiting, griping and even inflammation of the gastro-enteric mucous membrane, as it is a powerful astringent acting chemically on the tissues.

The Pyscho-motor Centres.

A remarkable, and at the same time extremely interesting, paper appears in the October number of *La Revue Mensuelle de Médicine et de Chirurgie* (Baillière), upon "The Pyscho-motor Centres of New-born Animals." The author is Professor de Tarchanoff, of St. Petersburg, and his experiments go to prove that these psycho-motor centres exist in certain of the lower animals, and can be electrically excited even before birth. This doctrine being so diametrically opposed to the generally accepted theories, the students of neurology will await with interest more full details on the subject.

Sanitary Legislation.

A correspondent in Tennessee requests us to remind all physicians that now is the time to urge upon political bodies active sanitary legislation. Delay will allow the impression of the late scourge to grow dull. Active work now will secure appropriate preventive measures. Let each physician make it a personal duty to do something in aid of this, and at once.

Effects of Winds on Health.

Mr. Laughton, of Greenwich, says, in a late lecture—

The warm air of Switzerland is more probably the tail-end of the air over the Atlantic Gulf Stream, which comes to the hills, is cooled, deposits its moisture, is dried, and, becoming warmer from condensation of the moisture, ascends, then descends the other side of the hills, and, being very dry, eats away the ice. Such winds have been observed elsewhere; that in North America, from the Pacific, having crossed the Rocky Mountains, is very dry, and produces the prairies. It dries up to tinder the grass and wood everywhere. The boundary

line of the prairies sways backward and forward from year to year.

Cold winds, on the other hand, are equally startling in their effects; such as the cold winds of Sydney—the "Southerly Buster"—and of Texas, and Minnesota, where the temperature of the air may in a few minutes fall 30 or 40 degrees Fahr. In South America the cold winds are felt the whole length of the continent, and kill the people, cattle, and even fish in the rivers and lakes. The cold wind of England in May has been long known. Watery vapor in the air acts as a heat.

The Contagion of Scarlatina and Diphtheria.

Dr. E. M. Snow says, in his last report as Registrar of Providence—

Whatever fanciful theories we may indulge in, and whatever may be our belief in regard to the personal contagion of scarlatina and diphtheria, there is no certain nor probable evidence that either of these diseases usually spreads in the community through contagion. It is certain that diphtheria is a filth disease, and usually spreads from the influence or effects of foul air arising from localized filth. The contagion of diphtheria never produced any extensive prevalence of the disease without the presence and aid of this local filth, and there is reason for believing that the disease often arises and becomes prevalent without the aid of any personal contagion. The tendency of belief at the present time is that scarlatina is also a filth disease, and very similar in the conditions of its prevalence to diphtheria. Pure air, personal cleanliness and abundant sunlight are the best preventives of these as well as of all other filth diseases.

Curious Form of Insanity.

Dr. W. W. Ireland says, in the *Journal of Medical Science:* Instances are by no means uncommon where the reasoning faculties are much deranged, as evinced by extravagance in speech, but where the power of doing complicated work and estimating weight and distance are well preserved.

A patient once, at Musselburgh, and now in the Roxburgh District Asylum, has often struck me as exemplifying this in a remarkable degree. The man pours forth a torrent of words, sometimes stating the wildest delusions, sometimes giving vent to the most uncouth combination of words, in astonishing variety, where one can perceive no connection, or a strange association, between the words, or the words and the ideas, often in an excited or frenzied manner, and in the midst of all this mad talk he will go on working in a calm, methodical way; for example, he will plant out leeks, tracing the lines regularly, and putting in each plant at an equal distance from the other. I do not remember ever to have heard this man make a coherent remark, but I saw an ingenious snare for birds which he had made, and he once showed me two blackbirds which he had caught.

The Form of Hystero-Epilepsy.

M. Charcot, in a paper read before the Société de Biologie July 15th (*Progrès Médical*, July 27th), shows that hystero-epilepsy, hysteria major, presents a type which, apart from secondary variations, remains always identically the same in its chief features. The attack can be divided into four periods preceded by an *aura*. The first stage is epileptoid, and does not differ from the comital malady except in being susceptible of control by ovarian pressure or the electric current; it passes through a tonic state, to which succeed clonic spasms. After a temporary remission the period of contortions commences, at the time when the first hallucinations are produced. The third stage is that of passionate attitudes; the face expresses joy, terror and pleasure, the patient recalls her friends or remembers her enemies. In the last stage the patient, having come again to herself, is still under the influence of the temporary hallucinations; then, little by little, these latter phenomena disappear.

Mechanical Methods of Relieving Hiccough.

Dr. Belot, in his monograph on yellow fever, says that hiccough may be arrested by compressing with the fingers the phrenic nerve on the level of the os hyoid. In other instances it yields to the application of cold water on the stomach, to opium, to belladonna in small doses, to ice swallowed in small pieces.

In an obstinate case of hiccough, which had resisted all the various means tried, Dr. Faivre compressed the epigastrium forcibly by means of a tourniquet. In five minutes the hiccough, which had lasted uninterruptedly for fifty days, had completely ceased. At first it reappeared on the compression being relaxed, but afterward was permanently arrested.

Correspondence.

An Unusual Midwifery Case.

Ed. Med. and Surg. Reporter:—

I was called, Monday, September 16th, 1878, at 3 P.M., to Mrs. M., aged forty-two, in labor for the sixth time; found her on her knees on the floor, waited upon by two experienced female attendants. On making an examination per vaginam found os well dilated and child presenting vertex right occipito-anterior; strong expulsive pains coming on; the child born about 3½ P.M. Cord found so short that it (the child) could not be taken entirely from the vagina until the cord was tied and cut. Put the woman in bed and introduced hand after the placenta, when I found another child lying across the womb, presenting breast and arms, with both hands hanging in the vagina. Strong pains coming on, I had a great deal of trouble in introducing right hand and getting hold of right foot. At this time, fearing some trouble, I sent for my old friend, Dr. N. M. Hoover. But, persevering in my efforts, I secured the right foot, brought it down, applied a loop over the ankle, and, by pulling on the loop and pushing hands and arms back, succeeded in delivering child about 4 P.M.; child dead. Waiting a few minutes until the woman rested, introduced hand and removed the placenta; found the placental end of the first cord two and a half inches long and partly torn away from the placenta; the other cord was of the usual length. Applied bandage. Woman rested well after her labor; left her in good condition and in good hands at 5 P.M. At 7 P.M. messenger came in haste and said Mrs. M. was suffering great pain. Dr. Hoover and I went down (distance one mile from town) and found her suffering excruciating pains in right shoulder; would change to the left side, right side, left shoulder and neck; were intermitting in character; would be very severe in one part for a few minutes, then leave for about the same length of time, and come again in the same or another part. Respiration appeared not to affect the pain in any way.

On consulting decided to get her under the influence of morphia as soon as possible; applied large hop fomentations over the regions where the severe pain is felt, introduced the hand into the vagina, turned out the clots, found the womb contracted down, pulse 140 and weak; decided to give her stimulants and beef tea at intervals of fifteen minutes, also half a grain of morphia sulphate, at intervals of half an hour, from 8 P.M. until 11½ P.M., when I stopped it and gave ten grains quinia sulphate, but still no diminution in frequency or severity, until ten minutes past 2 A.M., Tuesday, when they left and did not recur again; patient very much exhausted; became very drowsy; had to be waked up every fifteen minutes to take stimulants and beef tea, when she would relapse into her former stupid condition. Pulse at 6 A.M. reduced to 120 and stronger, temperature, 102°; drew urine during forenoon; left her at 1 P.M., to visit another patient; returned at 6 P.M.; found her nearly out of that stupid condition; recognized friends, felt much better; temperature 101½, pulse 110; drew urine; lochial discharge becoming offensive, had bed removed to middle of room and free ventilation, with removal of everything about her person that was soiled with the discharge; bowels becoming tympanitic applied large hop fomentations and gave an injection of tepid water and turpentine, which, being retained, gave her another at 12 M., which was also retained; at 4 A. M. gave her another, after which she passed off some of the water of the last injection, with considerable wind accompanying it; complained of a feeling of fullness about the bowels; temperature 100°, pulse 100 at 6 A.M., Wednesday, feeling very much better. At 10 A.M. had a very large and very offensive passage from the bowels which was of a dark-brown color. At 11 A.M. had another offensive passage; pulse ran up to 140, thready; temperature 103°; bowels very much distended. 12 M., temperature 103½; pulse 150; very weak. 1 P.M., temperature 104; pulse 160, hardly perceptible; continued sinking until 10 minutes of 2 P.M., when, turning on her right side, a few spasmodic contractions of the muscles of the left side of the face and all was over. There was not more than the usual hemorrhage; her previous labors had all been easy; her health had always been very good.

On examination of the second child, found the right humerus broken and some contusions about the neck. Could the expulsive pains have been strong enough to do this (they were very strong)?

Was the cause of the second child's death due to the rupture of the placental end of the first cord?

What was the probable cause of those neuralgic pains?

What was the immediate cause of death?

B. A. Henlen, M.D.

North Hope, Pa., Dec. 10th, 1878.

Maternal Impressions.

Ed. Med. and Surg. Reporter:—

I notice an article in the Reporter, by Dr. Snively, on "Maternal Impressions." I think the true interpretation of such abnormal fœti is as follows: A reversion by remote heredity to some former ancestor of the brute creation. It is through such exceptional individuals and the "rudimentary organs" that we frame a law of descent and development, *a la* Darwin. We see the same thing in those moral monstrosities in which, now and then, the wild beast ferocity of some precocious criminals is but the hereditary cropping out from remote savage ancestors many thousand years ago, possibly dating from some transition stage of lower brute to higher man. As this could only be accomplished by a perpetuity of transmitted

cell impressions, which after many years of favorable conditions and environment at last horrify us with a glimpse of so dark a possibility—a character destitute of one spark of human feeling and given over wholly to brutishness—I think if our religious teachers would give over their theories of "total depravity," and give more attention to what I must call brutal heredity, they would find that the race could be better improved by conscious selection in marriage than could be accomplished by all the curses and anathemas that ever issued from the rostrum of Mr. Talmage or Mr. Spurgeon. Yours respectfully,

Westtown, N. Y. A. J. Jessup, M.D.

Case of Retarded Vaccination.

Ed. Med. and Surg. Reporter:—

On March 1st, 1876, I vaccinated Ida M. with virus taken from the cow, in four places on the left arm, near the insertion of the deltoid muscle.

I called four days after, found one of the scarifications very red, but there was no sign of a papule; the others did not show any signs of taken; the redness of the one continued for five or six days then disappeared.

On the 22d of March they all looked about the same as when I scarified them; I told the mother, as they had not taken, I would call in two weeks and revaccinate her.

I called at the appointed time, but the mother declined having it done, as she was very busy, and did not want the trouble then. She asked me to call again at my convenience.

I called four weeks after, which made it eight weeks from the time I had vaccinated her, when, to my surprise, I found that the scarification which had been red had formed a papule; it passed into a vesicle, went through all the stages of a perfect vaccine scab, leaving a well marked cicatrix. Her arm was very much swollen. She had considerable fever.

The other scarifications did not take.

John R. Partenheimer, M.D.

546 *North 10th street, Philadelphia.*

The New California Remedies.

Several correspondents have asked for the republication of Dr. Gibbons' article on the new remedies introduced by Parke, Davis & Co., of Detroit, and largely advertised.

That firm has written us, asking a suspension of judgment until they can make certain explanations. We have called their attention to the fact that not only Dr. Gibbons, but also the St. Louis *Clinical Record*, has thrown grave doubts on these remedies with fantastic names, *yerba reuma, cascara sagrado*, etc., and its strictures must also be met.

Should Parke, Davis & Co. be able to answer fairly these criticisms, our columns will be open to them. If they fail to do so in a reasonable time, we shall republish Dr. Gibbons' article as a warning to the profession to avoid these drugs.

News and Miscellany.

Extracts from the Bulletin of the Public Health Issued by the Surgeon General United States Marine Hospital Service for the Week Ended December 7th, 1878.

Yellow fever has almost wholly disappeared from the Mississippi Valley. In New Orleans 4 deaths were reported during the past week. The total number of cases up to date is reported as 22,600. There was one death and one new case at Port Gibson, Miss. One new case (a returned refugee) at Meridian, Miss.; one death at Memphis on December 6th; 3 cases and one death at Mobile, for week ending December 10th.

Mobile.—For the month ended October 31st there were 132 deaths, 40 being from yellow fever; 12 from phthisis.

Havana.—During the week ended December 7th there were 10 deaths from yellow fever, and 12 from small-pox.

St. Thomas.—The United States Consul telegraphs that yellow fever has appeared in the Island.

German Empire.—No statistical returns received. Diphtheria is prevalent in various portions of the Empire, and public attention has been directed toward means of prevention of this scourge by the prostration of 6 members of the Royal family of Hesse with the disease, 2 having died.

Africa—Tangier.—During the 4 weeks preceding October 5th, there were 1069 deaths at Casa Blanca, from cholera, 163 from small-pox, 32 from typhus fever; the total deaths from these diseases being 1264 in a population estimated at 5500. The Consul reports that no note is taken of deaths by famine, accident, or common diseases.

India.—In Madras enteric fever of a fatal type is very prevalent in the native portions of the city, which are described as extremely filthy, and quite devoid of sanitary regulations. In 1876–77 the deaths from small-pox in India numbered 200,000, and in the preceding two years, 500,000. During 1875–76 only 2 deaths from this disease occurred among 120,000 European troops, the exemption being clearly due to vaccination.

The latest returns from the following cities give the annual death-rate per 1000: for Madras at 52; Alexandria 50; Cracow 39; Bombay 37; Munich 34; Calcutta 33.4; St. Petersburg 32; Rome 28; Vienna 27; Berlin 26; Paris 25; Rotterdam 25; Hamburg 23; Geneva 20; Copenhagen 19; Stockholm 15.

—The Surgeon of the Virginia Penitentiary says, in his annual report, that of 350 convicts hired to the James River and Kanawha Canal Company last year, 32 died from "bad treatment, exposure and filthy accommodations." This shows a mortality of 9 per cent., the mortality in the prison being only 2½ per cent. The Legislature has appointed a committee to investigate the matter.

Messrs. Wyeth's Preparations.

Several of these have been recently analyzed by the well known London chemist, Dr. C. R. C. Tichborne, F.C.S., whose results are published in the *Medical Press and Circular*, Nov. 27. In regard to their dialysed iron, he says:—

Our analysis of Wyeth's preparation gave—

Ferric oxide (in the soluble form)	6.228
Chlorine,	.100
Water,	93.672
Total,	100.000

We may say, therefore, that it contains in the ounce fluid 27.68 grains of a basic salt of iron, which, strange to say, almost exactly agrees in composition with the results obtained by Graham. In his experiments he obtained a red liquid containg 98.5 parts of oxide, and 1.5 of muriatic acid. The salt contained in Wyeth's preparation contains 98.42 ferric oxide, and 1.58 of chlorine.

In reference to their "saccharated pepsine," Dr. Tichborne says—

No analysis will absolutely show the value of a pepsine; indeed, it is of very little use, except to show up a worthless, or sham preparation, and we are sorry to say there are such in the market. No chemical analysis will give the information that a physiological test will; and we can state that ten grains of this saccharated pepsine when dissolved in two ounces of water, with the addition of a little hydrochloric acid, dissolved 150 grains of coagulated albumen in five hours, at a temperature of 80–90 deg. Fahr.

Messrs. Wyeth's preparations do them generally much credit, and deserve encouragement from the medical profession, who daily are becoming more alive to the necessity of using reliable preparations in their practice.

The Woman-Doctor Question in Russia.

It is sometimes stated that the woman doctor is a recognized institution in the empire of the Czar, a belief in some sort warranted by the prominence which has of late years been given in the medical schools of St. Petersburg to the training of women students in physic. According to the Russian *Medical Gazette*, it would appear that the question of women medical practitioners is not yet settled in Russia. On the 29th of October last the right of women who had completed a course of medical training to practice medicine in the empire was brought formally under the consideration of the Sanitary Council attached to the Ministry of the Interior. After prolonged discussion, the Council unanimously resolved, as follows:—"Although the right to practice medicine by the female students of the medical faculty has not to the present been recognized by the legislative authority, having regard to the evidence now submitted by the professors, that these students are fully competent to exercise the medical profession, the Sanitary Council will itself endeavor to obtain from the Government the authorization necessary for them to enter upon practice."

Items.

—A bill for the establishment of a Department of Public Health has been introduced into the Senate. This is a movement which should have been taken long since.

—Forty-eight American ladies, students of medicine, under the guidance of a professor, have recently visited the hospitals and scientific establishments of Venice, Milan, Florence and Parma.

—A London court has fined a man who caused a public nuisance by manufacturing sulphate of ammonia $15,000, though if he abates the nuisance and pays the costs, $10,000 in a month, the fine will be remitted.

QUERIES AND REPLIES.

Wisconsin desires suggestions for the best method of removing India-ink stains.

In reply, we would say that the only process of any avail we know of is to tattoo it with a flesh-colored fluid. Other suggestions will be gladly received.

Dr. S. B., of Pa.—Strychnia has been frequently used with success in paralysis, by the hypodermic method. One injection a day, commencing with the minimum dose, and slowly increasing until physiological symptoms appear, is the plan recommended.

Student.—It is well known that in India the British government does not attack the peculiar religions of the people. In regard to the particular point you inquire about, we observe that the British Surgeon General at Madras says, in a report on the sanitary measures in India, just presented to Parliament, that prostitution is a recognized, and not always a despised, trade; it is a form of religious consecration, and, in the shape of concubinage, is a common feature of native life. Prostitutes in India are not the social outcasts they are in this and many other countries.

MARRIAGES.

CARTER—LOWE.—In Milford, N. J., on October 29th, 1878, at the residence of the bride's parents, by the Rev. Isaac M. Patterson, Mr. Henry Carter, of Cranbury, N. J. (formerly of Bloomsbury, N. J.), and Miss Georgia, daughter of John N. Lowe, M.D.

MAYNARD—MORFORD.—At the Reformed Church, Nyack, N. Y., Wednesday, November 28th, by the Rev. W. A. McCorkle, D.D., Elsie de Reimer, second daughter of A. D. Morford, and Edward H. Maynard, M.D.

RIDER—STOUT.—At the residence of the bride's parents, Berlin, N. J., on the 20th ultimo, by Rev. E. H. Stokes, D.D., Hon. A. J. Rider, of the C. C. Commercial College, Trenton, N. J., and Ida M., second daughter of Daniel M. Stout, M.D., and niece of the officiating minister.

SHEPHERD—GENNETT.—In Cincinnati, Ohio, on Monday evening, November 18th, by Rev. D. H. Moore, D.D., President of Wesleyan Female College, at the residence of J. C. Thompson, Esq., 415 West Seventh street, Dr. G. W. I. Shepherd and Miss Annie E. Gennett.

TAMAR INDIEN,

A laxative, refreshing, and medicated Fruit Lozenge, agreeable to take, and never causing irritation. Its physiological action assures the immediate relief and effectual cure of

CONSTIPATION, CEREBRAL CONGESTION, HEADACHE, INDIGESTION, BILE, HEMORRHOIDS, etc., etc., by augmenting the peristaltic movement of the intestines, without producing undue secretion of the liquids. Unlike pills and the usual purgatives, it does not predispose to intestinal sluggishness, and the same dose always produces the same effect, that is to say, never needs increasing. These properties render "Tamar" invaluable to the weak and debilitated, and especially to ladies previous and subsequent to their accouchement. It is recommended by the most eminent Physicians of Paris; notably Drs. BELIN and TARDIEU, who prescribe it constantly for the above complaints, and with most marked success.

Prepared by **E. GRILLON,** Pharmacien de lère classe, 27 Rue Rambuteau, Paris. To be had of all respectable Chemists throughout the world.

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The New Digestive is a combination of the whole of the Digestive Secretions—Pepsine, Pancreatine, Diastase, etc.,

Forming an invaluable remedy in the treatment of all forms of Dyspepsia, and diseases arising from imperfect nutrition.

N. B.—*The success of this Remedy has led to several imitations of it,* which consist largely of Milk Sugar, and, as compared with Peptodyn, are of little or no real value as digestive agents.

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Price Medal.

Silver Medal.

Gold Medal.

Medal of Merit.

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IN POWDER, also WINE, ELIXIR, SYRUP, PILLS, AND LOZENGES OF PEPSINE.

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IT IS THE ONLY PEPSINE USED IN THE PARIS HOSPITALS

Careful tests will enable any one to satisfy himself that BOUDAULT'S PEPSINE HAS A DIGESTIVE POWER AT LEAST DOUBLE that of the best Pepsines in the market, and that it is really the cheapest.

It is Sold in 1 ounce, 8 ounce, and 16 ounce Bottles.

Beware of so-called French Pepsines bearing fictitious names, and prescribe Boudault's only.

BLANCARD'S PILLS

OF UNCHANGEABLE IODIDE OF IRON.

Blancard's Pills of Iodide of Iron are so scrupulously prepared, and so well made, that none other have acquired a so well deserved favor among physicians and pharmaceutists. Each pill, containing one grain of proto-iodide of iron, is covered with finely pulverized iron, and covered with balsam of tolu. Dose, two to six pills a day. The genuine have a *reactive silver seal* attached to the lower part of the cork, and a green label on the wrapper, bearing the fac-simile of the signature of

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without which none are genuine.

BEWARE OF IMITATIONS.

E. FOUCERA & CO., Agents,

NEW YORK.

TO PHYSICIANS.

THE scarcity and high prices of Cinchona barks and Sulphate of Quinia, and the prospect of only a slight reduction in these prices, makes the present a favorable opportunity of calling the attention of the profession to the *combination of all the bark alkaloids.*

Much attention has been given to this subject in Europe and India.

The growing appreciation by the medical profession of the United States of

CINCHO-QUININE

is due to the fact that it retains the important alkaloids IN COMBINATION, — a combination which in practice is *preferable to perfect isolation or separation* of these alkaloids.

In addition to its superior efficacy as a tonic and anti-periodic, it has the following advantages, which greatly increase its value to physicians : —

1st, *It exerts the full therapeutic influence of* Sulphate of Quinine, *in the same doses*, without oppressing the stomach, creating nausea, or producing cerebral distress, as the Sulphate of Quinine frequently does ; and it produces much less constitutional disturbance.

2d, It has the great advantage of being *nearly tasteless.* The bitter is very slight, and not unpleasant to the most sensitive, delicate woman or child.

3d, It is *less costly :* the price will fluctuate with the rise and fall of barks, but will always be much less than the Sulphate of Quinine.

4th, It meets indications not met by that Salt.

The following well-known Analytical Chemists say : —

"UNIVERSITY OF PENNSYLVANIA, Jan. 22, 1875.
"I have tested CINCHO-QUININE, and have found it to contain *quinine, quinidine, cinchonine, cinchonidine.*
F. A. GENTH,
Professor of Chemistry and Mineralogy."

"LABORATORY OF THE UNIVERSITY OF CHICAGO, Feb. 1, 1875.
"I hereby certify that I have made a chemical examination of the contents of a bottle of CINCHO-QUININE; and by direction I made a qualitative examination for *quinine, quinidine,* and *cinchonine,* and hereby certify that I found these alkaloids in CINCHO-QUININE.
C. GILBERT WHEELER,
Professor of Chemistry."

"I have made a careful analysis of the contents of a bottle of your CINCHO-QUININE, and find it to contain *quinine, quinidine, cinchonine,* and *cinchonidine.*
S. P. SHARPLES, *State Assayer of Mass.*"

TESTIMONIALS.

"WELLFLEET, MASS., Nov. 17, 1876.
"I have used CINCHO-QUININE, and can say without any hesitation it has proved superior to the sulphate of quinine. J. G. JOHNSON, M.D."

"MARTINSBURG, MO., Aug. 15, 1876.
"I use the CINCHO-QUININE altogether among children, preferring it to the sulphate.
DR. E. R. DOUGLASS."

"LIVERPOOL, PENN., June 1, 1876.
"I have used CINCHO-QUININE, obtaining better results than from the sulphate in those cases in which quinine is indicated.
DR. I. C. BARLOTT."

"RENFROW'S STATION, TENN., July 4, 1876.
"I am well pleased with the CINCHO-QUININE, and think it is a better preparation than the sulphate. W. H. HALBERT."

"ST. LOUIS, MO., April, 1875
"I regard it as one of the most valuable additions ever made to our materia medica.
GEORGE C. PITZER, M.D."

"RICHMOND, VA., March 28, 1877.
"I believe that the *combination* of the several cinchona alkaloids is more generally useful in practice than the sulphate of quinine uncombined.
"Yours truly, LANDON B. EDWARDS, M.D.
Member Va. State Board of Health, and Sec'y and Treas. Medical Society of Va."

"CENTREVILLE, MICH.
"I have used several ounces of the CINCHO-QUININE, and have not found it to fail in a single instance. I have used no sulphate of quinine in my practice since I commenced the use of the CINCHO-QUININE, as I prefer it. F. C. BATEMAN, M.D."

"NORTH-EASTERN FREE MEDICAL DISPENSARY.
908 East Cumberland St., Philadelphia, Penn.,
Feb. 29, 1876.
"In typhoid and typhus fevers I always prescribe the CINCHO-QUININE in conjunction with other appropriate medicines, the result being as favorable as with former cases where the sulphate had been used.
"F. A. GAMAGE, M.D."

☞ *Price-Lists and Descriptive Catalogues furnished upon application.*

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BOSTON, MASS.

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CONTENTS:

EDITORIAL DEPARTMENT.

EDITORIAL.

THANKS, PROJECTS AND REQUESTS..... 549

NOTES AND COMMENTS.

Why the Philadelphia County Medical Society is a Secret Society..... 550

NEWS AND MISCELLANY.

OBITUARY.

Drs. James B. Wilson, A. W. Lueck..... 550

Established in 1858, by S. W. BUTLER, M. D.

PHILADELPHIA:

Published at No. 115 South Seventh Street.

JAMES A. MOORE, PRINTER, 1222 AND 1224 SANSOM STREET, PHILADELPHIA.

REMITTANCES RECEIVED.

Week Ending December 21, 1878.

Arkansas.—Dr. J. J. Jones, Sr. *California.*—Drs. J. F. Thorwarth, W. Lockhart, C. H. Houpt. *Delaware.*—Dr. R. G. Elliegood. *Illinois.*—Drs. W. H. Long, W. R. Nash, H. Ziesing, W. McKnight, D. Newell, J. W. Donnally, A. D. Bridgman, A. C. Rankin, John Ragsdale, J. J. Baughman, Ira Barton, E. B. Elrod, A. A. Wolfe, D. J. Merriman. *Indiana.*—Drs. Stone and Bartholomew, H. Burton. *Indian Territory.*—Drs. H. W. Fannin, M. F. Williams. *Iowa.*—Drs. J. S. Watts, W. Gutch, A. E. Reynolds, S. S. Lytle, W. S. Robertson. *Kentucky.*—Drs. P. Thompson, A. M. Morrison, J. M. O'Bryan. *Maine.*—Dr. B. F. Neal. *Massachusetts.*—Drs. H. Herd, C. C. Pike. *Maryland.*—Drs. J. B. Robinson, B. R. Benson, J. D. Skilling, J. A. Mearns. *Michigan.*—Drs. H. G. Clippinger, J. M. Snook. *Missouri.*—Dr. A. P. Levick. *Nebraska.*—Dr. J. H. Peabody. *New Jersey.*—Drs. W. Pennington, I. S. Whitaker, E. Woolston. *New York.*—Drs. W. A. M. Culbert, D. M. Lee, H. F. Seaman, H. Nichell, R. E. Moxson, D. M. Taylor, Messrs. Munn & Co. *North Carolina.*—Dr. N. S. Siewers. *Ohio.*—Drs. A. J. Scott, S. Z. Davis, G. N. Snyder, Wallace Bros., D. H. McMillen, T. J. West, C. E. Kurz, W. A. Dixon. *Pennsylvania.*—Drs. E. W. Bailey, D. G. Foster, Chas. Burr, S. F. Gilbert, A. S. Lovett, M. L. Davis, E. H. Coover, W. L. Hunter, A. J. Davis, H. A. Grim, J. W. Lyman, G. O. Knight, D. R. Crawford, H. E. Zimmerman, J. F. McCarrell, M. B. Flinn, G. F. Mish, A. Williams, G. K. Binkley, J. A. Fulton, G. A. Rebman, R. A. Kerr, J. A. Crewitt, W. I. Purvis, O. L. Blachly, A. M. Anderson, W. F. Detwiler, G. G. Rahauser, G. B. Aiken, J. E. Shadle, M. Diehl, D. A. Fitzer, G. S. Wentz, A. Harshberger & Son, J. R. Smigart, J. K. Crawford, J. D. McCaa, M. J. Taylor. *South Carolina.*—Drs. G. S. Trezevant, S. E. Babcock. *Tennessee.*—Drs. T. E. Prewitt, W. J. Heacker, B. B. Gracy, R. G. DeBusk. *Texas.*—Drs. T. S. Kuepfer, S. DuBois. *Vermont.*—Dr. L. M. Greene. *Wisconsin.*—Drs. J. J. Leavitt, W. H. Van Dusen. OFFICE PAYMENTS.—Drs W. H. Webb, W. C. Hamilton, West Phila. Med. Book Club, Mr. W. H. Daffin, Central News Company.

PHYSICIANS, TAKE NOTICE.—THE Residence of Dr. S. Woolston (deceased), situated in Vincentown, Burlington County, New Jersey, will be sold at public sale, by the executors, on Wednesday, January 1st, 1879, at one o'clock P. M. Large practice. Railroad communication. Terms easy. 1138-2t

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FERROUS CHLORIDE.

The Combination which all Forms of Iron must assume before Assimilation.

Superior to all other Iron Salts in that, while it is readily taken into the circulation, and does referruginate the blood, it does not ordinarily cause constipation nor headache. It is very pleasant to the taste, and is unalterable.

Ferrous Chloride is a neutral salt, consequently it has no action upon the teeth, and may be administered fearlessly. This fact and the delightful taste of my preparation render it an advantageous form for administration to children. Each fluid drachm contains one grain of Ferrous Chloride, which, owing to the certainty of its assimilation, is a full, active, adult dose.

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DIALYSED IRON.

(FERRUM DIALYSATUM.)

A Pure Neutral Solution of Peroxide of Iron in the Colloid Form. The Result of Endosmosis and Diffusion with Distilled Water.

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This article possesses great advantages over every other ferruginous preparation heretofore introduced, as it is a solution of iron in as nearly as possible the form in which it exists in the blood. It is a preparation of invariable strength and purity, obtained by a process of dialysation, the iron being separated from its combinations by endosmosis, according to the law of diffusion of liquids. It has no styptic taste, does not blacken the teeth, disturb the stomach, or constipate the bowels.

It affords, therefore, the *very best* mode of administering

IRON

in cases where the use of this remedy is indicated.

The advantages claimed for this form of Iron are due to the absence of free acid, which is dependent upon the perfect dialysation of the solution. The samples of German, French and American Liquor Ferri Oxidi Dialys. which we have examined give acid reaction to test paper. If the dialysation is continued sufficiently long, it should be tasteless and neutral.

Our dialysed Iron is not a saline compound, and is easily distinguished from Salts of Iron, by not giving rise to a blood-red color on the addition of an Alkaline Sulpho-Cyanide, or a blue precipitate with Ferro-Cyanide of Potassium. It does not become cloudy when boiled. When agitated with one part of Alcohol and two parts of Ether (fortior), the Ether layer is not made yellow.

Physicians and Apothecaries will appreciate how important is the fact that, as an antidote for Poisoning by Arsenic, Dialysed Iron is quite as efficient as the Hydrated Sesquioxide (hitherto the best remedy known in such cases), and has the great advantage of being always ready for immediate use. It will now doubtless be found in every drug store, to supply such an emergency.

Full directions accompany each bottle.

Physicians will find our DIALYSED IRON in all the leading drug stores in the United States and Canada.

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THE

MEDICAL AND SURGICAL REPORTER.

No. 1139.] PHILADELPHIA, DEC. 28, 1878. [Vol. XXXIX.—No. 26.

Editorial Department

THE

Medical and Surgical Reporter.

A WEEKLY JOURNAL,

Issued every Saturday.

D. G. BRINTON, M.D., Editor.

THANKS, PROJECTS, AND REQUESTS.

In drawing to a close our editorial labors for the year 1878, we tender our thanks to our numerous readers for their continued support, and the frequent expressions of satisfaction they have sent us from time to time.

It has been in the past, and it shall steadily continue to be, our effort to publish a journal wholly free from any other influence than the benefit of the regular profession in all sections of our common country. We shall aim to discuss only such subjects as are endowed with a common interest to all; and while we have never hesitated to express in unmistakable terms our opinions on medical questions of the day, we reiterate here that correspondents who differ from us shall not on that ground be restrained the expression of their views in our columns. We do not aim to carry points, but to throw the utmost light, from all sides, on unsettled questions.

In regard to the future, we would state that on the first of the year we shall commence the volume with entirely new and clear type, and on a superior grade of paper. While the mechanical portion of the Reporter is thus improved, we have also arranged for further improvements in its hospital and clinical reports, and other literary contents. As heretofore, we shall continue to have the support in this line of the most eminent names of the American profession.

But this will not be to the exclusion of writers of less extended fields of observation, but of not less ability in their field. As we said in a recent number, the intelligent physician who resides in a small town or in the country, has opportunities of observing phases of disease which the resident of the city has not; he has time and means to make new and useful studies for which the hospitals and clinics of a metropolis offer no facilities whatever; and it has been and is our opinion that a more free use of the pen on the part of such members of our profession would advance it greatly. The Reporter offers itself as a channel for such communications, and they will be always welcome.

We would further add that it has been an object with this journal to collect and disseminate professional news; and that all our readers would do us a favor, and the medical com-

munity a pleasure, by sending us items of professional interest in their several localities, such as the marriages and deaths of physicians, meetings of medical societies, notes of prevailing epidemics, biographical sketches of deceased members of our profession, notes of malpractice suits, and also any local newspaper containing items of medical interest.

Notes and Comments.

Why the Philadelphia County Medical Society is a Secret Society.

The Philadelphia County Medical Society, however efficient in many directions, is in one respect a standing discredit to the profession of medicine. It sits with closed doors, refuses admittance to reporters, and even forbids its own members from giving so much as an epitome of the scientific papers read before it to the general professional public. We venture to say that not only no other medical society, but no other professedly scientific association in the world is equally narrow and short-sighted.

And what is the "true inwardness" of this unheard-of action? We know it, and shall divulge it for the benefit of those medical journals at a distance who have expressed surprise at such a state of things (as well they might).

There is a medical journal, not often heard of, in this city which, having failed in every other way to attain even a local circulation, its publishers thought might have some life galvanized into it as an "organ." Its editor, with a few active friends, one or two of them, we are sorry to add, officers of the society, rushed through a resolution one summer afternoon, that the "organ" should be the exclusive one, and the measure is carried out as has been noted.

The poor befooled members do not get a cent for their articles, the publisher having stipulated that he was to own them, but not to pay for them! Their papers attain a circulation of only a few hundred copies, around town principally; and as the journal in question is not of very frequent issue, and would be pretty sure to be behind time anyhow, of course, the embargo must be stringently enforced on more wide-awake periodicals. This is the explanation of the matter, and what a story it is to tell of the principal medical society of this city!

News and Miscellany.

OBITUARY.

DR. JAMES B. WILSON,

Of Salem, Indiana, died on Thanksgiving morning, at one o'clock, of paralysis.

At a regular meeting of the Washington County Medical Society, held at Salem, December 2d, 1878, the following resolutions were adopted:—

WHEREAS, Our beloved associate, Dr. James B. Wilson, has been removed from us by the hand of death, it is our sad duty to testify to the great loss sustained by us; and

Whereas, It is becoming and proper that we should bear public testimony of his excellence of character and to his high professional attainments, therefore, be it

Resolved, That in the death of Dr. James B. Wilson, this society, of which he was an honored and efficient member, has sustained a loss which is irreparable.

A. W. LUECK, M.D.,

was born at Schoenflies, Prussia, June 2d, 1838, and emigrated to the United States, with his father, in 1846. Having obtained a good literary education, he studied medicine, and graduated at Rush Medical College January 25th, 1862. He practiced successfully at Mayville, Wis., until his demise. He died of pulmonary œdema, resulting from acute inflammation of the kidney, on December 11th, 1878, after a three days' illness. He was a member of the Wisconsin State Medical Society, and of the Rock River Medical Society, for several years its secretary. He contributed many valuable papers to the Medical literature.

He was married to Miss Catharine Conrad in 1865, and leaves his wife and three promising boys, also his old father, to mourn his loss. His career was honest and benevolent, and charity marked the whole life of this good man, now forever at rest.

MARRIAGES.

BOYD—HOUGH.—By Rev. J. H. Hawk, November 21st, 1878, at the residence of Nelson Meals, M.D., in Callensburg, Mr. James Boyd, of West Monterey, and Miss Jennie Hough, of Callensburg, Clarion county, Pa.

HARMER—EALY.—In Schellsburg, Pa., November 28th, by Rev. Thomas McNinch, Elwood W. Harmer, of Bedford, and Annie, daughter of Dr. J. Ealy.

POWERS—ANDREWS.—In Barre, Vt., November 16th, by Rev. L. Tenney, Merritt L. Powers, M.D., and Hattie L. Andrews.

TAYLOR—KORTRIGHT.—In New York, on Tuesday, December 10th, by the Rev. Dr. John Hall, Isaac E. Taylor, M.D., and Sarah A. Kortright.

TOMLINSON—HAZZARD.—In Philadelphia, on the 7th ult., by Rev. James Morrow, at Grace M. E. Church, P. W. Tomlinson, M.D., and Virginia C. Hazzard, both of Milton, Del.

DEATH.

ARNOLD.—Dr. S. Augustus Arnold, the oldest member of the Rhode Island Medical Society, having joined in 1822, died suddenly, at Providence, last Thursday, aged 81 years.

CLEVELAND.—In Philadelphia, December 8th, 1878, Emeline H. Cleveland, M.D.

HARSHBERGER.—At Milroy, Pa., November 3d, of heart disease, Annie C., daughter of Dr. A. and Mary A. Harshberger, in the twenty-first year of her age.

MITCHELL.—November 18th, 1878, at Addison, Pa., of scarlet fever, Bertram McLane, son of Dr. Wm. F. and Mattie E. Mitchell, aged 3 years 6 months and 5 days.

TUCKER.—In New York, on Friday, December 6th, 1878, Georgie Virginia, daughter of Dr. Carlos P. and Georgie M. Tucker.

DOCTOR RABUTEAU'S

(Laureate of the Institute of France.)

DRAGEES, ELIXIR & SYRUP

Of Proto-Chloride of Iron.

"The experiments made in the hospitals of Paris have demonstrated that *Dr. Rabuteau's Dragees, Elixir and Syrup* regenerate the red globules of the blood with a rapidity never observed with the use of the other ferruginous preparations. These results have been proved by the various *Compt-Globules.*

"The ferruginous preparations of *Dr. Rabuteau* do not cause any constipation, and are perfectly tolerated by the weakest persons."—*Gazette des Hospitaux.*

Dr. Rabuteau's Elixir is prescribed when some difficulty is experienced in swallowing the Dragees; it is especially adapted to weak persons, whose digestive functions need strengthening or stimulating.

Dr. Rabuteau's Syrup is especially prepared for children, who take it readily, because of its agreeable taste.

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A Combination uniting the properties of ALCOHOL and RAW MEAT. It has been Mr. Ducro's aim in preparing this elixir to present under the form of a pleasant cordial the nutritive and restoring properties of raw meat and the stimulating properties of alcohol. In this he has been eminently successful, judging from the great number of physicians who prescribe and use this food medicine. This preparation, which has been used with great success in the hospitals of Paris since 1868, is adapted to the treatment of all diseases requiring the administration in a small volume of a tonic able to stimulate and support the vital forces, as in *Pulmonary Phthisis*, *Depression* and *Nervous Debility*, *Adynamia*, *Malarial Cachexia*, etc. It is especially adapted for delicate ladies and children, debilitated old people and convalescents.

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TO PHYSICIANS.

THE scarcity and high prices of Cinchona barks and Sulphate of Quinia, and the prospect of only a slight reduction in these prices, makes the present a favorable opportunity of calling the attention of the profession to the *combination of all the bark alkaloids.*

Much attention has been given to this subject in Europe and India.

The growing appreciation by the medical profession of the United States of

CINCHO-QUININE

is due to the fact that it retains the important alkaloids IN COMBINATION, — a combination which in practice is *preferable to perfect isolation or separation* of these alkaloids.

In addition to its superior efficacy as a tonic and anti-periodic, it has the following advantages, which greatly increase its value to physicians : —

1st, *It exerts the full therapeutic influence of* Sulphate of Quinine, *in the same doses*, without oppressing the stomach, creating nausea, or producing cerebral distress, as the Sulphate of Quinine frequently does ; and it produces much less constitutional disturbance.

2d, It has the great advantage of being *nearly tasteless.* The bitter is very slight, and not unpleasant to the most sensitive, delicate woman or child.

3d, It is *less costly :* the price will fluctuate with the rise and fall of barks, but will always be much less than the Sulphate of Quinine.

4th, It meets indications not met by that Salt.

The following well-known Analytical Chemists say : —

"UNIVERSITY OF PENNSYLVANIA, Jan. 22, 1875.
"I have tested CINCHO-QUININE, and have found it to contain *quinine, quinidine, cinchonine, cinchonidine.* F. A. GENTH,
Professor of Chemistry and Mineralogy."

"LABORATORY OF THE UNIVERSITY OF CHICAGO, Feb. 1, 1875.
"I hereby certify that I have made a chemical examination of the contents of a bottle of CINCHO-QUININE ; and by direction I made a qualitative examination for *quinine, quinidine,* and *cinchonine,* and hereby certify that I found these alkaloids in CINCHO-QUININE.
C. GILBERT WHEELER,
Professor of Chemistry."

"I have made a careful analysis of the contents of a bottle of your CINCHO-QUININE, and find it to contain *quinine, quinidine, cinchonine,* and *cinchonidine.*
S. P. SHARPLES, *State Assayer of Mass.*"

TESTIMONIALS.

"WELLFLEET, MASS., Nov. 17, 1876.
"I have used CINCHO-QUININE, and can say without any hesitation it has proved superior to the sulphate of quinine. J. G. JOHNSON, M.D."

"MARTINSBURG, MO., Aug. 15, 1876.
"I use the CINCHO-QUININE altogether among children, preferring it to the sulphate.
DR. E. R. DOUGLASS."

"LIVERPOOL, PENN., June 1, 1876.
"I have used CINCHO-QUININE, obtaining better results than from the sulphate in those cases in which quinine is indicated.
DR. I. C. BARLOTT."

"RENFROW'S STATION, TENN., July 4, 1876.
"I am well pleased with the CINCHO-QUININE, and think it is a better preparation than the sulphate. W. H. HALBERT."

"ST. LOUIS, MO., April, 1875.
"I regard it as one of the most valuable additions ever made to our materia medica.
GEORGE C. PITZER, M.D."

"RICHMOND, VA., March 28, 1877.
"I believe that the *combination* of the several cinchona alkaloids is more generally useful in practice than the sulphate of quinine uncombined.
"Yours truly, LANDON B. EDWARDS, M.D.
Member Va. State Board of Health, and Sec'y and Treas. Medical Society of Va."

"CENTREVILLE, MICH.
"I have used several ounces of the CINCHO-QUININE, and have not found it to fail in a single instance. I have used no sulphate of quinine in my practice since I commenced the use of the CINCHO-QUININE, as I prefer it. F. C. BATEMAN, M.D."

"NORTH-EASTERN FREE MEDICAL DISPENSARY, 908 East Cumberland St., Philadelphia, Penn., Feb. 29, 1876.
"In typhoid and typhus fevers I always prescribe the CINCHO-QUININE in conjunction with other appropriate medicines, the result being as favorable as with former cases where the sulphate had been used.
"F. A. GAMAGE, M.D."

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Analyses of Sulphate of Quinine Pills.

As we have repeatedly notified the trade, our Sulphate of Quinine Pills are made of Bleached Quinine and contain the correct amount of Quiniæ Sulphas, as represented on the label.

We submit below three analyses of our Sulphate of Quinine Pills obtained at different druggists; the first was made by Mr. Chas. Rice, of New York, one of the editors of the "*New Remedies*," and chemist of Department Public Charities and Correction of New York City, who is well known both personally and by reputation by a large number of physicians and druggists throughout the country. The other two analyses are by Dr. Polenske, former assistant of Prof. Sonnenshein, of Berlin, and now our own analytical chemist.

Our "Hospital Quinine" Pills are made as set forth in our circular of March 27th, which we reprint for the information of those who may not have seen it before.

With the assurance to the trade and medical profession, that we will always manufacture our preparations, as we have in the past, in **perfect good faith,** that we will use the best materials obtainable, increasing our knowledge by every means in our power, for examining and testing all ingredients and perfecting our business, we remain,

Very respectfully, McKESSON & ROBBINS.

NEW YORK, APRIL 17th, 1878.

"MESSRS. McKESSON & ROBBINS,

Gentlemen:—Having been requested by you to make an assay of the alkaloids contained in your Gelatine-Coated Quinine Pills, I purchased an original vial, containing 100 2 grain pills, in the store of Mr. Theodore Cole, 400 First Avenue, New York. Each ten of these pills weigh'd very nearly 34 grains, and the weight of the single pills is very uniform, varying but slightly either way from 3.4 grains. The whole number of pills (100,) yielded 14.385 grains of anhydrous alkaloid, which was found to be **pure, White Quinia**, free from other cinchona alkaloids. This amount of dry Quinia corresponds to **203.8** grains of **Sulphate of Quinia**, containing 8 molecules of water of crystallization ($2\,C_{20}\,H_{24}\,N_2\,O_2 \cdot H_2\,SO_4 + 8\,H_2\,O$); or to **201.7** grains of **Sulphate of Quinia,** containing 7½ molecules of water of crystallization ($2\,C_{20}\,H_{24}\,N_2\,O_2 \cdot H_2\,SO_4 + 7\frac{1}{2}\,H_2\,O$), which latter is, as near as possible, the formula of the commercial pure Sulphate of Quinia. The amount of Sulphate of Quinia contained in the 100 pills examined, is therefore a trifle **in excess** of the required quantity, (3.8 grains, or 1.7 grain, according to whatever formula may be adopted for the crystallized salt).

Respectfully CHARLES RICE,
Chemist, Bellevue Hospital, N. Y."

NEW YORK, MARCH 30th, 1878.

"I have analyzed McKesson & Robbins' Gelatine-Coated 5 grs. Sulphate of Quinine Pills, from an original bottle of one hundred, and find that in two analyses of 10 pills each, the result in both cases was 51 grains of pure Sulphate of Quinine.

ED. POLENSKE, Ph. D."

NEW YORK, APRIL 13th, 1878.

"One hundred McKesson & Robbins' Gelatine-Coated 2 grs. Sulphate of Quinine Pills, analyzed by me to-day, contained 198 grains of Sulphate of Quinine. The Sulphate of Quinine obtained from these pills stood the Ether test, as laid down in the U. S. Ph.

ED. POLENSKE, Ph. D."

Circular of March 27th, 1878.

Since we changed last fall, from Unbleached to Bleached Quinine in the manufacture of our Pills, we have heard from a large number of druggists and physicians stating that the therapeutical effects of the dark pills were better than the "bleached," dose for dose, where a tonic was indicated, and the antiperiodic effects of the former were as well marked. We made the change because we were disappointed in obtaining a uniform article of unbleached Quinine, were deceived in two shipments we received and the analyses of samples from the same package we submitted to different highly reputable chemists varied surprisingly, in fact analysing Quinine *quantitively* is very difficult, as it depends very largely upon the different solubilities of the alkaloids in water, while the *qualitative* analysis is very simple and reliable.

The curative properties of the other alkaloids of Cinchona Barks have been well attested and the effect of the **combined alkaloids** has been repeatedly asserted to be greater than that of any **one alone.**

In view of these facts, we accordingly propose to offer Pills made of Hospital Quinine, which differs from that which has been known and understood as "unbleached," in the process of manufacture and in the proportion of Quinine. This Hospital Quinine will contain about 50 per cent. of Quinine Sulphate, and the balance, Cinchonidia Sulphate and traces of Quinidia Sulphate; the Cinchonia Sulphate, being less powerful than the other alkaloids is separated.

These pills on account of their lower price will relieve a difficulty to which a large number of people living in malarious districts have been subjected—the inability to purchase Quinine Pills on account of price, especially when scarcity causes sudden and great advances, as at present—at the same time we believe that confidence may be felt of experiencing equal relief with similar doses.

We will continue, as now, to make our "Quinine Pills" of bleached Quinine, and the white color will readily identify them from our darker Hospital Quinines, which will be labelled "Hospital Quinine" The list of Hospital Quinine Pills we submit below is subject to same discount as our other pills and will be reduced as soon as the market on Quinine will allow. We call special attention to our Pills of Cinchona Bark Alkaloids which contain a definite quantity of each of the four alkaloids, one half grain each Sulphates Quinia, Quinidia, Cinchonia and Cinchonidia.

We annex below list of our Pills of other Cinchona Alkaloids, and remain, soliciting your correspondence and valued orders, Yours respectfully,

March 27th, 1878. McKESSON & ROBBINS.

Pills of "HOSPITAL QUININE" and the Cheaper Alkaloids.

"HOSPITAL QUININE," ¼ gr.	70	3 25	Chinoidine, ¼ and 1 gr.	60	2 75
"HOSPITAL QUININE," ½ gr.	85	4 00	Chinoidine, 3 grs.	75	3 50
"HOSPITAL QUININE," 1 gr.	1 40	6 75	CINCHONA BARK ALKALOIDS.	2 00	9 75
"HOSPITAL QUININE," 1½ grs.	1 90	9 25	Quiniæ Sulph., 1-2 gr. Quinidiæ Sulph., 1-2 gr. Cinchoniæ Sulph., 1-2 gr. Cinchonidiæ Sulph., 1-2 gr.		
"HOSPITAL QUININE," 2 grs.	2 50	12 25			
"HOSPITAL QUININE," 3 grs.	3 75	18 50			
"HOSPITAL QUININE," 4 grs.	4 50	22 25			
"HOSPITAL QUININE," 5 grs.	6 00	29 75	Cinchonia, Sulphate, 3 grs.	1 00	4 75
Quinidia, Sulphate, 1 gr.	80	3 75	Cinchonidia, Sulphate, 1 gr.	60	2 75
Quinidia, Sulphate, 2 grs.	1 50	7 25	Cinchonidia, Sulphate, 2 grs.	1 00	4 75
Quinidia, Sulphate, 3 grs.	2 20	10 75	Cinchonidia, Sulphate, 3 grs.	1 50	7 25
			Cinchonidia, Sulphate, 5 grs.	2 50	12 25

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The REGULAR SESSION opens Wednesday, October 2d, 1878, and continues five months. During this term all the branches of *General Medicine and Surgery*, both scientific and practical, are taught with care and thoroughness. All students are daily examined on the subjects of the lectures and on their dissecting and laboratory work.

Senior students have *daily practice* in the *art of examining patients*, in forming their own diagnosis, prognosis and treatment. As this is done under the direction of the professor holding each clinic, and in the presence of the class, it constitutes an invaluable course of training.

The RECITATION SESSION begins second Wednesday in March, 1879, and continues four months. Daily during this term there will be held a lecture, recitation and one or two clinics. The lectures will be upon special subjects of medical or surgical interest.

The recitations will embrace the general subjects of the Regular Session, viz., Anatomy, Surgery, Midwifery, Diseases of Women, Physiology, Practice of Medicine, Materia Medica and Chemistry.

Though the Recitation and Preliminary Sessions are optional, it is hoped that all who can will avail themselves of their manifest advantages in supplementing the regular winter course.

Three Hospitals—Harper's, St. Mary's and St. Luke's—with two large free dispensaries, afford an abundance of clinical material for illustrative and practical teaching.

All lectures are delivered on Hospital grounds. The *peculiar feature* of this school is the *intimate union* between its *laboratory, clinical* and *didactic* instruction.

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The next Regular Session opens October 2d, 1878, and continues until the latter part of February, 1879. There will be a Preliminary Course, commencing September 4th, 1878. Students are urged to attend this course, as special instruction is given on subjects which cannot be so fully treated during the regular session.

FEES:

General Ticket	$10.00
Matriculation Ticket	5.00
Demonstrator's Ticket (including material)	10.00
Hospital Ticket	5.00
Graduation Fee	25.00

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REFERENCES.

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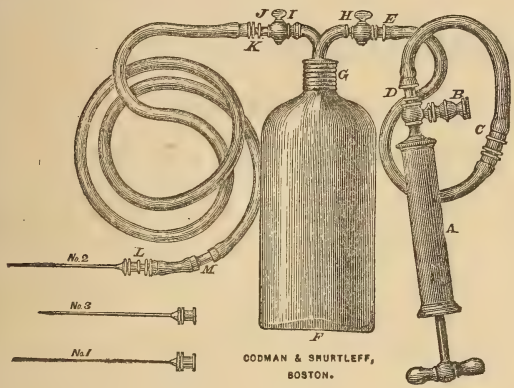

Fig. 68.

Fig. 77.

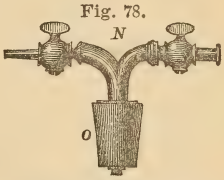

Fig. 78.

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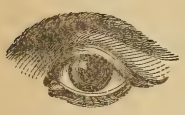

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Ivory Points, Charged, per dozen.....$2 00
Whole Quills, each..... 25
or Five for..... 1 00

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The Twenty-Ninth Winter Session will open on Thursday, October 3d, 1878, in the commodious new college building.

Clinical instruction is given in the Woman's Hospital, Pennsylvania, Wills, Philadelphia, and Orthopædic Hospitals.

Spring Course of Lectures, Practical Demonstrations, and Winter Quizzes are free (except for expense of material) to all matriculants of the year.

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Bellevue Hospital Medical College,

CITY OF NEW YORK.

MEMBER OF THE AMERICAN MEDICAL COLLEGE ASSOCIATION.

SESSIONS OF 1878-'79.

THE COLLEGIATE YEAR in this Institution embraces a preliminary Autumnal Term, the Regular Winter Session, and a Spring Session.

THE PRELIMINARY AUTUMNAL TERM for 1878-1879, will open on Wednesday, September 18, 1878, and continue until the opening of the Regular Session. During this term, instruction, consisting of didactic lectures upon special subjects and daily clinical lectures, will be given, as heretofore, by the entire Faculty. Students expecting to attend the Regular Session are strongly recommended to attend the Preliminary Term, but attendance during the latter is not required. *During the Preliminary Term, clinical and didactic lectures will be given in precisely the same number and order as in the Regular Session.*

THE REGULAR SESSION will begin on Wednesday, Oct. 2, 1878, and end about the 1st of March, 1879.

FACULTY.

ISAAC E. TAYLOR, M. D.,
Emeritus Professor of Obstetrics and Diseases of Women, and President of the Faculty.

JAMES R. WOOD, M. D., LL. D.,
Emeritus Professor of Surgery.

FORDYCE BARKER, M. D.,
Professor of Clinical Midwifery and Diseases of Women.

AUSTIN FLINT, M. D.,
Professor of the Principles and Practice of Medicine and Clinical Medicine.

W. H. VAN BUREN, M. D.,
Professor of Principles and Practice of Surgery, Diseases of Genito-Urinary System, and Clinical Surgery.

LEWIS A. SAYRE, M. D.,
Professor of Orthopedic Surgery and Clinical Surgery.

ALEXANDER B. MOTT, M. D.,
Professor of Clinical and Operative Surgery.

WILLIAM T. LUSK, M. D.,
Professor of Obstetrics and Diseases of Women and Children, and Clinical Midwifery.

WILLIAM M. POLK, M. D.,
Professor of Materia Medica and Therapeutics, and Clinical Medicine.

AUSTIN FLINT, JR., M. D.,
Professor of Physiology and Physiological Anatomy, and Secretary of the Faculty.

JOSEPH D. BRYANT, M. D.,
Professor of General, Descriptive, and Surgical Anatomy.

R. OGDEN DOREMUS, M D., LL. D.,
Professor of Chemistry and Toxicology.

EDWARD G. JANEWAY, M. D.,
Professor of Pathological Anatomy and Histology, Diseases of the Nervous System, and Clinical Medicine.

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HENRY D. NOYES, M. D.,
Professor of Ophthalmology and Otology.

JOHN P. GRAY, M. D., LL. D.,
Professor of Psychological Medicine and Medical Jurisprudence.

ERSKINE MASON, M. D.,
Clinical Professor of Surgery.

EDWARD L. KEYES, M. D.,
Professor of Dermatology, and Adjunct to the Chair of Principles of Surgery.

J. LEWIS SMITH, M. D.,
Clinical Professor of Diseases of Children.

LEROY MILTON YALE, M. D.,
Lecturer Adjunct upon Orthopedic Surgery.

A distinctive feature of the method of instruction in this College is the union of clinical and didactic teaching. All the lectures are given within the Hospital grounds. During the Regular Winter Session, in addition to four didactic lectures on every week-day, except Saturday, two or three hours are daily allotted to clinical instruction.

The Spring Session consists chiefly of Recitations from Text-books. This term continues from the first of March until the first of June. During this Session, daily recitations in all the departments are held by a corps of examiners appointed by the Faculty. Regular clinics are also given in the Hospital and the College building.

FEES FOR THE REGULAR SESSION.

Fees for Tickets to all the Lectures during the Preliminary and Regular Term, including Clinical Lectures,	$140.00
Matriculation Fee	5.00
Demonstrator's Ticket (including material for dissection)	10.00
Graduation Fee	30.00

FEES FOR THE SPRING SESSION.

Matriculation (Ticket good for the following Winter)	$5.00
Recitations, Clinics, and Lectures	35.00
Dissection (Ticket good for the following Winter)	10.00

☞ Students who have attended two full Winter courses of lectures may be examined at the end of their second course, upon Materia Medica, Physiology, Anatomy, and Chemistry, and, if successful, they will be examined at the end of their third course upon Practice of Medicine, Surgery, and Obstetrics only.

For the Annual Circular and Catalogue, giving regulations for graduation and other information, address Prof. AUSTIN FLINT, Jr., Secretary, Bellevue Hospital Medical College.

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GRANULATED EFFERVESCENT
PEPSIN, BISMUTH & STRYCHNIA.
ORIGINATED BY KEASBEY & MATTISON.

We again offer this preparation confidently to the profession. It has, for four years, enjoyed an extensive prescription among the most eminent of our practitioners. Its use has been attended with the most marked success, perhaps, of any of the various remedies recommended in dyspepsia, gastralgia, and kindred disorders. Its association with Carbonic Acid renders it palatable, and causes it to be retained by the most sensitive stomach. It is the only soluble form in which Pepsin and Bismuth should be ever given together, and is FIVE TIMES THE PEPSIN STRENGTH of the various elixirs, wines, liquors, etc., of the market. In reference to its reliability, we refer to the most prominent physicians in all sections of this country, who will very generally be found to be using it in their practice.

Always prescribe the GRANULATED EFFERVESCENT form, and always specify the "K. & M.' Preparation.

Each drachm or heaping teaspoonful contains FIVE GRAINS Saccharated Pepsin, two grains soluble Citrate of Bismuth, and one-fiftieth grain Citrate of Strychnia.

Messrs. KEASBEY & MATTISON:— PHILADELPHIA, September 21, 1877.

Gentlemen:—I have used a large number of your preparations for several years past with great satisfaction, and am happy to commend them to others from what I know both of your drugs and of yourselves.

Very truly yours, W. W. KEEN, M. D.

K. & M.
GRANULATED EFFERVESCENT
CITRATE CAFFEINE.
ORIGINATED BY KEASBEY & MATTISON.

The recent extensive employment of this salt as a remedy, amounting almost to a specific in cases of sick headache, and its use in nervous diseases generally, have caused us to place it upon our list. Its value is much enhanced by its administration with Carbonic Acid, so agreeably and efficiently produced by this form.

A heaping teaspoonful, containing ONE GRAIN of Citrate of Caffeine, should be given in sick headache, every hour or two before and during the paroxysms.

Messrs. KEASBEY & MATTISON:— PHILADELPHIA, September 27, 1877.

Gentlemen:—It gives me pleasure to add my testimony in regard to your preparations, which I have used for a long time; they are thoroughly reliable.

Truly yours, THOMAS G. MORTON, M. D.

K. & M.
GRANULATED EFFERVESCENT
CITRATE LITHIA.

In the effervescent form this chemical is administered in a peculiarly advantageous manner. Its association with Carbonic Acid renders it much less liable to disturb the stomach, while in strength it is greatly superior to Lithia Water. A valuable diuretic and lithontriptic, its importance in the treatment of rheumatic, gouty, and analogous disorders can scarcely be over-estimated.

We have doubled the strength of this preparation, each drachm or heaping teaspoonful containing FOUR GRAINS of the chemically pure salt.

Messrs. KEASBEY & MATTISON:— PHILADELPHIA, September 25, 1877.

Gentlemen:—I have employed your Extract of Malt and Infants' Food, in a large number of cases, much to my own satisfaction, and to the benefit of the patient. The Infants' Food I regard as especially useful in cases of Infants requiring artificial food from any cause. Yours, etc., W. B. ATKINSON, M. D., *Sec. American Med. Asso.*

K. & M.
GRANULATED EFFERVESCENT PREPARATIONS

of Magnesium Citrate, Potassium Bicarb., Citrate Benzoate, and Bromide; Lithium Benzoate and Carbonate; Cerium Nitrate and Oxalate; Bismuth Citrate (SOLUBLE), Pepsin, and Bismuth; Pepsin, Bismuth, and Iron, etc., etc., etc.; also the following:—

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GRANULATED EFFERVESCENT
MINERAL WATER SALTS.

Vichy, Kissingen, Seltzer, Carlsbad, Congress, Crab Orchard, Pullna, Friedrichshall, etc., etc.

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332 North Front Street,

Send for Pamphlet on New Remedies. PHILADELPHIA.

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ALWAYS SPECIFY "K. & M." GRANULATED EFFERVESCENT SALTS.

Analyses of Sulphate of Quinine Pills.

As we have repeatedly notified the trade, our Sulphate of Quinine Pills are made of Bleached Quinine and contain the correct amount of Quiniæ Sulphas, as represented on the label.

We submit below three analyses of our Sulphate of Quinine Pills obtained at different druggists; the first was made by Mr. Chas. Rice, of New York, one of the editors of the "*New Remedies*," and chemist of Department Public Charities and Correction of New York City, who is well known both personally and by reputation by a large number of physicians and druggists throughout the country. The other two analyses are by Dr. Polenske, former assistant of Prof. Sonnenshein, of Berlin, and now our own analytical chemist.

Our "Hospital Quinine" Pills are made as set forth in our circular of March 27th, which we reprint for the information of those who may not have seen it before.

With the assurance to the trade and medical profession, that we will always manufacture our preparations, as we have in the past, in **perfect good faith,** that we will use the best materials obtainable, increasing our knowledge by every means in our power, for examining and testing all ingredients and perfecting our business, we remain,

Very respectfully, McKESSON & ROBBINS.

NEW YORK, APRIL 17th, 1878.

"MESSRS. McKESSON & ROBBINS,

Gentlemen:—Having been requested by you to make an assay of the alkaloids contained in your Gelatine-Coated Quinine Pills, I purchased an original vial, containing 100 2 grain pills, in the store of Mr. Theodore Cole, 409 First Avenue, New York. Each ten of these pills weighed very nearly 34 grains, and the weight of the single pills is very uniform, varying but slightly either way from 3.4 grains. The whole number of pills. (100,) yielded 145.385 grains of anhydrous alkaloid, which was found to be **pure, White Quinia,** free from other cinchona alkaloids. This amount of dry Quinia corresponds to **203.8** grains of **Sulphate of Quinia,** containing 8 molecules of water of crystallization ($2\,C_{20}\,H_{24}\,N_2\,O_2 - H_2\,SO_4 - 8\,H_2\,O$); or to **201.7** grains of **Sulphate of Quinia,** containing 7½ molecules of water of crystallization ($2\,C_{20}\,H_{24}\,N_2\,O_2 - H_2\,SO_4 - 7\frac{1}{2}\,H_2\,O$), which latter is, as near as possible, the formula of the commercial pure Sulphate of Quinia. The amount of Sulphate of Quinia contained in the 100 pills examined, is therefore a trifle **in excess** of the required quantity, (3.8 grains, or 1.7 grain, according to whatever formula may be adopted for the crystallized salt).

Respectfully CHARLES RICE,
Chemist, Bellevue Hospital, N. Y."

NEW YORK, MARCH 30th, 1878.

"I have analyzed McKesson & Robbins' Gelatine-Coated 5 grs. Sulphate of Quinine Pills, from an original bottle of one hundred, and find that in two analyses of 10 pills each, the result in both cases was 51 grains of pure Sulphate of Quinine. ED. POLENSKE, Ph. D."

NEW YORK, APRIL 13th, 1878.

"One hundred McKesson & Robbins' Gelatine-Coated 2 grs. Sulphate of Quinine Pills, analyzed by me to-day, contained 198 grains of Sulphate of Quinine. The Sulphate of Quinine obtained from these pills stood the Ether test, as laid down in the U. S. Ph. ED. POLENSKE, Ph. D."

Circular of March 27th, 1878.

Since we changed, last fall, from Unbleached to Bleached Quinine in the manufacture of our Pills, we have heard from a large number of druggists and physicians stating that the therapeutical effects of the dark pills were better than the "bleached," dose for dose, where a tonic was indicated, and the antiperiodic effects of the former were as well marked. We made the change because we were disappointed in obtaining a uniform article of unbleached Quinine, were deceived in two shipments we received and the analyses of samples from the same package we submitted to different highly reputable chemists varied surprisingly, in fact, analysing Quinine *quantitively* is very difficult, as it depends very largely upon the different solubilities of the alkaloids in water, while the *qualitative* analysis is very simple and reliable.

The curative properties of the other alkaloids of Cinchona Barks have been well attested and the effect of the **combined alkaloids** has been repeatedly asserted to be greater than that of any **one alone.**

In view of these facts, we accordingly propose to offer Pills made of Hospital Quinine, which differs from that which has been known and understood as "unbleached," in the process of manufacture and in the proportion of Quinine. This Hospital Quinine will contain about 50 per cent. of Quinine Sulphate, and the balance, Cinchonidia Sulphate and traces of Quinidia Sulphate; the Cinchonia Sulphate, being less powerful than the other alkaloids is separated.

These pills on account of their lower price will relieve a difficulty, to which a large number of people living in malarious districts have been subjected—the inability to purchase Quinine Pills on account of price, especially when scarcity causes sudden and great advances, as at present—at the same time we believe that confidence may be felt of experiencing equal relief with similar doses.

We will continue, as now, to make our "Quinine Pills" of bleached Quinine, and the white color will readily identify them from our darker Hospital Quinines, which will be labelled "Hospital Quinine" The list of Hospital Quinine Pills we submit below is subject to same discount as our other pills, and will be reduced as soon as the market on Quinine will allow. We call special attention to our Pills of Cinchona Bark Alkaloids, which contain a definite quantity of each of the four alkaloids, one half grain each Sulphates Quinia, Quinidia, Cinchonia and Cinchonidia.

We annex below list of our Pills of other Cinchona Alkaloids, and remain, soliciting your correspondence and valued orders, Yours respectfully,

March 27th, 1878. McKESSON & ROBBINS.

Pills of "HOSPITAL QUININE" and the Cheaper Alkaloids.

"HOSPITAL QUININE," ¼ gr.	70	3 25
"HOSPITAL QUININE," ½ gr.	85	4 00
"HOSPITAL QUININE," 1 gr.	1 40	6 75
"HOSPITAL QUININE," 1½ grs.	1 90	9 25
"HOSPITAL QUININE," 2 grs.	2 50	12 25
"HOSPITAL QUININE," 3 grs.	3 75	18 50
"HOSPITAL QUININE," 4 grs.	4 50	22 25
"HOSPITAL QUININE," 5 grs.	6 00	29 75
Quinidia, Sulphate, 1 gr.	80	3 75
Quinidia, Sulphate, 2 grs.	1 50	7 25
Quinidia, Sulphate, 3 grs.	2 20	10 75
Chinoidine, ¼ and 1 gr.	60	2 75
Chinoidine, 3 grs.	75	3 50
CINCHONA BARK ALKALOIDS.	2 00	9 75
Quiniæ Sulph., 1-2 gr. / Quinidiæ Sulph., 1-2 gr. / Cinchoniæ Sulph., 1-2 gr. / Cinchonidiæ Sulph., 1-2 gr.		
Cinchonia, Sulphate, 3 grs.	1 00	4 75
Cinchonidia, Sulphate, 1 gr.	60	2 75
Cinchonidia, Sulphate, 2 grs.	1 00	4 75
Cinchonidia, Sulphate, 3 grs.	1 50	7 25
Cinchonidia, Sulphate, 5 grs.	2 50	12 25

SEND FOR FORMULA BOOK AND PRICE LIST OF PILLS.

DETROIT MEDICAL COLLEGE.

SESSIONS OF 1878-79.

FACULTY.

PRELIMINARY AND REGULAR SESSIONS.

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Professor of Medical and Surgical Diseases of Women, and Obstetrics.

GEORGE P. ANDREWS, M.D.,
Professor of Principles and Practice of Medicine and Clinical Medicine.

ALBERT B. LYONS, M.D.,
Professor of Chemistry and Toxicology.

THEODORE A. McGRAW, M.D., Treasurer,
Professor of Principles and Practice of Surgery and Clinical Surgery.

C. B. GILBERT, M.D.,
Professor of Materia Medica, Therapeutics and Clinical Diseases of Children.

N. W. WEBBER, M.D.,
Professor of General and Descriptive Anatomy and Clinical Surgery.

LEARTUS CONNOR, M.D., Secretary,
Professor of Physiology and Lecturer on Diseases of the Eye and Ear.

RECITATION SESSION.

H. O. WALKER, M.D.,
Lecturer on Genito-Urinary System and Rectum.

DANIEL LA FERTE, M.D.,
(Demonstrator of Anatomy) and Lecturer on Orthopedic Surgery and Tumors.

J. G. JOHNSON, M.D.,
Lecturer on Diseases of Mind and Nervous System.

J. H. CARSTENS, M.D.,
Lecturer on Differential Diagnosis.

E. L. SHURLY, M.D.,
Lecturer on Diseases of Throat and Lungs.

F. A. SPALDING, M.D,
Lecturer on Diseases of the Skin.

C. C. YEMANS, M.D.,
Lecturer on Chemistry.

JAS. D. MUNSON, M.D.,
Demonstrator of Practical Physiology.

E. A. CHAPOTON, M.D.,
Demonstrator of Practical Microscopy.

The Collegiate Year is divided into three sessions.

PRELIMINARY SESSION opens Wednesday, September 4th, 1878, and continues one month. The Clinics are held and the Lectures delivered by the Professors of the regular Faculty, and in the same order and frequency as during the Winter Term. Opportunity is given to dissect or work in the Chemical and Physiological Laboratories.

The REGULAR SESSION opens Wednesday, October 2d, 1878, and continues five months. During this term all the branches of *General Medicine and Surgery*, both scientific and practical, are taught with care and thoroughness. All students are daily examined on the subjects of the lectures and on their dissecting and laboratory work.

Senior students have *daily practice* in the *art of examining patients*, in forming their own diagnosis, prognosis and treatment. As this is done under the direction of the professor holding each clinic, and in the presence of the class, it constitutes an invaluable course of training.

The RECITATION SESSION begins second Wednesday in March, 1879, and continues four months. Daily during this term there will be held a lecture, recitation and one or two clinics. The lectures will be upon special subjects of medical or surgical interest.

The recitations will embrace the general subjects of the Regular Session, viz., Anatomy, Surgery, Midwifery, Diseases of Women, Physiology, Practice of Medicine, Materia Medica and Chemistry.

Though the Recitation and Preliminary Sessions are optional, it is hoped that all who can will avail themselves of their manifest advantages in supplementing the regular winter course.

Three Hospitals—Harper's, St. Mary's and St. Luke's—with two large free dispensaries, afford an abundance of clinical material for illustrative and practical teaching.

All lectures are delivered on Hospital grounds. The *peculiar feature* of this school is the *intimate union* between its *laboratory, clinical* and *didactic* instruction.

FEES.—For Preliminary and Regular Sessions: Matriculation, $5. Hospital Fees, $10. Lecture Fees, $40. Graduation, $25. Lecture Fees to third course students, $25.

For the Recitation Term the Lecture Fees are $10, to those who attend the other courses. All others are required to matriculate and take out the Hospital tickets.

All fees payable in advance to the *Secretary*.

Board and Rooms can be obtained at low rates—according to accommodations—from $3 to $5 per week. Announcement and Catalogue, or any further information which may be desired, can be promptly obtained by addressing

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1107-tf

Pennsylvania College of Dental Surgery.

Twenty-third Annual Session, 1878-79.

The regular Winter Session for 1878-79 will commence on Tuesday, October 1, 1878, and continue five months, in the new and commodious college building, on Twelfth Street, below Arch. The size and equipment of the rooms in this building will enable the Faculty to offer the Dental student the advantages accruing from lecture-rooms with high ceilings and comfortable seatings, clinical rooms with an abundance of light, well-furnished laboratories, mechanical and chemical, and a large and well-lighted and well-ventilated dissecting room. For further information, address

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A solution of all the nitrogenous phosphorous compounds of *Animal Brain*, and the *Germinal Portion of Wheat.*

As the *Phosphates, Phosphites* and *Hypophosphites* are isolated without the employment of heat, they represent exactly the phosphorous compounds of the vegetable and animal organism, and consequently PROTAGON is the *most perfect form of a chemical food* yet offered to the profession.

In Debility associated with Leucorrhœa, Bronchorrhœa, Hemorrhoids, or other mucous fluxes, in which there is always a heavy drain of these vital essentials; in the various forms of nervous debility incident to the female sex, and in general nutritive defect in children, PROTAGON will be found superior to any other nutritive tonic. It is also valuable in Tubercular Phthisis, and in brain prostration, or premature decay of memory, concentration of thought, or that general deteriorated constitutional condition consequent on sexual excesses:—

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Isolated Hopophosphite of Ammonium	4
" " Potassium	4
" " Sodium	5
" " Calcium	3
" Nitrogeneous Phosphorous Compounds	6
" Glycero-Hypophosphorous Acid	2
Pure Glycerine	76

DOSE: Ten drops thrice daily.

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BURN-BRAE accommodates twenty patients of each sex. Though possessing all the safeguards and appliances of a Public Hospital, the arrangements are domestic and familiar. No efforts spared to make the house a comfortable *Home* for its guests.

REFERENCES.

Professors Stillé, Smith, DaCosta, Agnew, Penrose, Rev. Wm. P. Breed, DD., Israel H. Johnson, Phila.; W. C. Van Bibber, M.D., Baltimore, Md.

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Address

R. A. GIVEN, M.D.,
1056 *Burn-Brae, Kelleyville, Del. Co., Pa.*

Starling Medical College,

COLUMBUS, OHIO.

The Thirty-second Annual Session of STARLING MEDICAL COLLEGE will begin on Oct. 2d, preceded by a Preliminary Session, beginning Sept. 4th.

FEES.

Matriculation	$5 00
Professors' Tickets, in full	40 00
Demonstrator's Ticket	5 00
Graduation Fee	25 00

For announcement and further information, address

F. CARTER, M.D., Dean,
1105-1117 *181 State Street, Columbus, Ohio.*

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Manufactures and keeps constantly on hand a general assortment of

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SUPERIOR TO THE PEPSIN OF THE HOG.

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VENTRICULUS CALLOSUS GALLINACEUS.

FROM THE GIZZARD OF THE CHICKEN.

A SPECIFIC FOR VOMITING IN PREGNANCY, A POTENT REMEDY FOR INDIGESTION, DYSPEPSIA, AND SICK STOMACH. IT IS SUPERIOR TO PEPSIN, SINCE IT ACTS WITH MORE CERTAINTY AND EFFECTS CURES WHERE IT FAILS.

DOSE 5 TO 15 GRAINS.

ALONE OR IN COMBINATION.

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A NEW CLASS OF PREPARATIONS DENOMINATED PARVULES, DESIGNED FOR THE EASY ADMINISTRATION OF MEDICINES FOR CHILDREN AND ADULTS AT SHORTER INTERVALS WITH MORE SALUTARY EFFECT.

33 VARIETIES

POCKET CASES, CONTAINING 20 VARIETIES FOR PHYSICIANS, PRICE $6.00 NET.

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RAW MEAT

(IN POWDER)

DESSICATED IN VACUUM, POWDERED AND MEDICATED WITH THE HYPOPHOSPHITES; IS PLEASANT TO TAKE. FOR THE CURE OF CONSUMPTION, AND ALL PULMONARY AND EXHAUSTIVE DISEASES.

DOSE 1 TO 4 TEASPOONFULS 4 TIMES DAILY WITH MILK, WINE, WATER, OR EXT. MALT.

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ANIMAL VACCINE.

The undersigned respectfully announces that he has discontinued the practice of furnishing Vaccine *at his residence.*

Physicians can obtain the *Animal Vaccine* of MESSRS. CASWELL, HAZARD & CO., BROADWAY, CORNER 24TH STREET.

FRANK P. FOSTER, M.D.

By our arrangement with Dr. Foster, *all* Vaccine supplied by *us* is *absolutely fresh.*
We can furnish it in any quantity desired, either by express or by mail, if remittance is made to cover postage.
Dr. Foster's Animal Vaccine is the only kind that may be said to have the unqualified endorsement of the Medical Profession of New York.

QUILL SLIPS (half quill, charged on convex surface, at square-cut end).....25 cts.
CAPILLARY TUBES.....$2 00

For ordinary use *Quill Slips* are the most reliable of all forms of stored Vaccine, and in cases of failure with them in *primary* vaccination, if used within one week of their issue, and strictly in accordance with the printed directions, *being in the meantime kept cool and dry*, a second supply will be furnished gratis.
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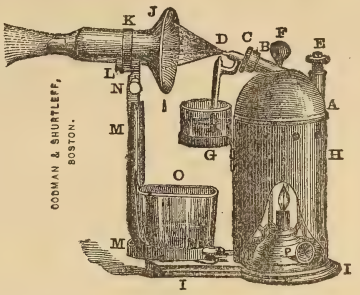

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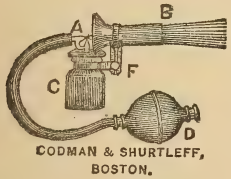

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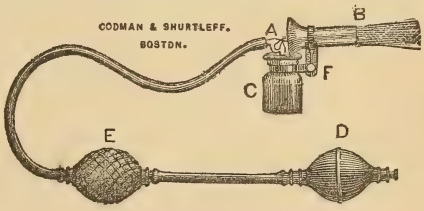

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THE PRELIMINARY AUTUMNAL TERM for 1878-1879, will open on Wednesday, September 18, 1878, and continue until the opening of the Regular Session. During this term, instruction, consisting of didactic lectures upon special subjects and daily clinical lectures, will be given, as heretofore, by the entire Faculty. Students expecting to attend the Regular Session are strongly recommended to attend the Preliminary Term, but attendance during the latter is not required. *During the Preliminary Term, clinical and didactic lectures will be given in precisely the same number and order as in the Regular Session.*

THE REGULAR SESSION will begin on Wednesday, Oct. 2, 1878, and end about the 1st of March, 1879.

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The Spring Session consists chiefly of Recitations from Text-books. This term continues from the first of March until the first of June. During this Session, daily recitations in all the departments are held by a corps of examiners appointed by the Faculty. Regular clinics are also given in the Hospital and the College building.

FEES FOR THE REGULAR SESSION.

Fees for Tickets to all the Lectures during the Preliminary and Regular Term, including Clinical Lectures,	$140.00
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FEES FOR THE SPRING SESSION.

Matriculation (Ticket good for the following Winter)	$5.00
Recitations, Clinics, and Lectures	35.00
Dissection (Ticket good for the following Winter)	10.00

☞ Students who have attended two full Winter courses of lectures may be examined at the end of their second course, upon Materia Medica, Physiology, Anatomy, and Chemistry, and, if successful, they will be examined at the end of their third course upon Practice of Medicine, Surgery, and Obstetrics only.

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6. Fast-handle Cup D.—This is also self-sustaining, when capped over the cervix of a well-fitting size. The brim constitutes a ring, which lodges in the folds of the Vagina, and prevents the Uterus from sliding down.

7. Retroversion E.—This is similar to A, except the *Lever Back*. This elevates and corrects the Retroverted Uterus with certainty. But sometimes the sensitiveness will not tolerate the correction and elevation simultaneous. Hence the advantage of the duplicate tops as a change. Retroversion, the most lamentable of all displacements, when traced in common, is found to proceed from long standing, relapsed, or neglected *Prolapsus*.

8. F's—These are small attachments to cover the screws of Cups A, or E, and Globes G, to make them self-sustaining, as a change or when sufficient contraction of the walls of the Vagina takes place to suspense with the external support.

9. Globe Tops G.—These are used in *Anteversion* and *Retroversion* of small sizes; for the latter with longer stems. In Prolapsus, when immobility of the Uterus exists, they are apt to lodge by the side of the Cervix, rather than dislodge it from its unnatural position. No instrument has ever revealed the necessity of a cup and external attachment in so many cases as this.

10. Oblong H.—This was originally designed for the aged and debilitated, since, it is easier to remove and replace than any of the other stem supporters, unless it be the stem lever. It is however confirmed by experience that it is well adapted to the *Prolapsus of the Bladder*. The base of the bulb resists the protrusion while the top rests in the summit of the vagina, and corrects the always attending abnormity of the uterus and its connections, by elongating the Vaginia.

11. Stem Levers, Fig. 14.—The original Hodge's Lever, or its modifications, are still recommended by some of the latest authorities, but no modification has removed its liability of becoming displaced. The circular walls of the vagina cannot grasp and hold an irregular and unequally touching instrument, unless it is wedged in position, which is contrary to the laws of nature. This stem lever lodges with the curve against the rear of the cervix; according to Hodge's Original design. A free movable size can be selected, and the natural contractions of the vagina are not impeded, but stimulated by elongation.

12. Uterine Supporter E C, Fig. 5—(*Economy*) and elastic abdominal belt Z. The stems are permanent, but the cups of numerous sizes. The cup sets oblique so that the axis of the cup and stem correspond with the axis of the Uterus and Vagina. The omission of the spring is considered by some over-balanced by its complete simplicity. But the self-sustaining cup A D, is a material loss, unless cup D, is also procured. The unscrewing and shifting is thus obviated, and when D, is of a slight increase in size the external support may sooner and more safely be laid aside.

13. Economy.—A womb supporter, with the free exchange privilege of the Hard Rubber part until correct, and warranted to sustain comfortably even already long standing ***Procidenta,*** for $4 50; including the chief of all self-sustaining pessaries, for $6 00, has no parallel in the catalogue of mechanical support of the uterus.

14. Retroversion and Rectum Supporter. Fig. 4.—F, is the rectum supporter. The bulb A, is hollow, and opened by unscrewing cap B. This may be filled with ointment for lubricating the rectum and to prevent the stem from becoming dry and hot. Impregnating the ointment with Monsell's Solution, to arrest the bleeding of piles. C, represents the base of the screw by which a piston is moved within the bulb while in position, and the ointment pressed out. G, the retroversion lever, is screwed on top in place of B.

BELTS.

15. Belt X—Fig. 1. The anterior portion is silk elastic, expanding and contracting within a cover. Duplicate. Price, $2 00.

16. Belt XX.—Fig. 2. The front is strong silk elastic, capped above the pubes to grasp the Abdomen. Stayed with whalebones. The sides and rear are divided to admit the lower portion to be drawn tightest. Both X, and XX, are coutil finished.

17. Belt Y.—Fig. 3. This is a well-fitted coutil belt, stayed with whalebones, and the straps over the hips are elastic. This is also furnished in neat cotton material, at $2 00; or with the instruments, in price as with belt X. This is the first design of an abdominal supporting belt sufficiently economical for all classes, that I with justice could recommend.

18. Belts—Both X X, and Y, are cheap and efficient abdominal supporters when required in pregnancy, tumors, inflation, or when varicose veins exist. When ordered with the instruments, will be provided with the necessary attachments. They should not be bare-worn, since the perspiration has a tendency to destroy the elasticity of any elastic webbing.

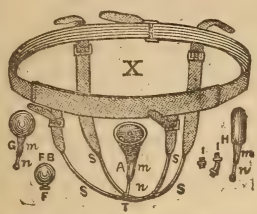
19. Belt Z.—Fig. 5. This is an elastic webbing of two inches wide. Both belts X, an Z, set above the hips, and support the instruments only. In some cases the lifting of the abdomen takes weight from the internal support, and assists it materialy; whereas, in others it has a reverse action. I know of no rule to diagnose this variation.

20. Selection.—The outside diameter of the cup; diameter of the globe, &c., should be given; the style and length of belt; the measure to be taken around the waist for X, and Z. Over the hips for X X, and Y. When the selection in part or wholly is left to me, the case should be described as follows:—How displaced? Age, and how long standing? If children how many? State of catamenia now and heretofore. Whether it be the result of an accident or unknown cause? When a pessary already worn, its name, size and result If retroversion, the condition as regards helplessness, &c.

21. Exchanges.—The Hard Rubber part has a free exchange privilege in size or style, until correct. The difference to be remitted when more costly ones are required. The duplicate tops, also B; and D, are taken back at cost in exchange for a complete set unless damaged. No spring working stems, however, are sold alone to supply duplicates.

STAUFER'S
HARD RUBBER INSTRUMENTS AND PRICE LIST.

SERIES OF UTERINE SUPPORTERS. *1.*



Spring Stem Cup A.—Complete on Belt X, $7.00; on XX, $9.00; on Y, $8.00; and on Z, $6.00. Without belt on SS, $5.00.

Anteversion C, Globe Top G, and Oblong H, in price the same as A, with similar attachments.

Retroversion E, on Belt X, $8.00; on XX, $10.00; on Y, $9.00; and on Z $7.00. Without Belt $6.00

Duplicate Cups—A, $2.00; E, $3.00; Globe Tops G, with attachments to screw on A or E Stem $2.00.

P. S.—Shifting Top, with solid or no Spring Stem, 50 cents less on either belt. No Shifting Top Stem sold alone.

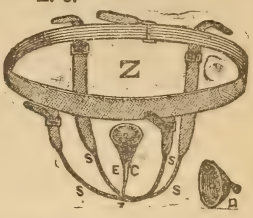
Self-Sustaining Globe B, or Cup D. $1.50 each.

Gums are mailed, 2 at 20 cts; 4 at 35 cts; and Springs at 3 cts. each.

Abdominal Supporters. *2.* *3.*

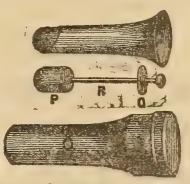
Price, $4.00. Price, $3.00.

SOLID STEM CUP SUPPORTER E. C. *5.*



Price, $4.50. Including Cup D, $6.00. Or E C, on Abdominal Belt X, $5.50. X X, $7.50. Y, $6.50. Including D, on each, $1.50 extra.

SPECULUMS AND CASE. *6.*



Prices.—The series encased, $14.00. With complete but non-shifting conductor, $2.50 each. Flesh color enameled inside.

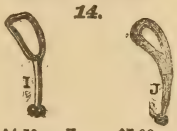
REFLECTOR, OR DENTISTS' LIGHT. *10.*

Price, $3.50.

Rectum Supporter and Ointment Holder. *4.*

$3.50.

STEM LEVERS. *14.*

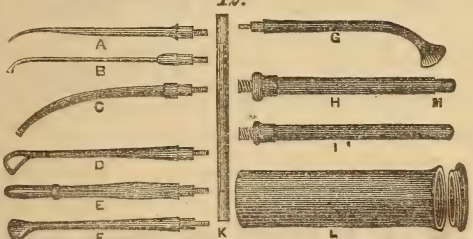


$4.50 on Z, $7.00 on X.

Permanent Stem I.—The same in price as E C, Fig. 5, on all the belts.

Spring Stem J.—The same as Spring Stem Cup A, Fig. 1, on either belt.

HARD RUBBER UTERINE EXAMINING CASE. *12.*



Prices.—Full case, $8.00; Quill Caustic holder H, or camel hair brush holder and case I, each $1.00. Any two of the first seven, with centre piece K, $2.50.

Fenestrated Vaginal and Anal. *7.*

Prices.—Vaginal T, $2.00. Anal U, $1.50.

Caustic Bottle and Case. *11.*

Price, $1.50.

Hymen—Pointed.

8.

Price, $1.50.

Vaginal and Vulva Dilator.

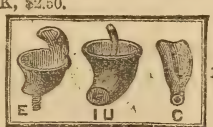
9.

Price, $1.50.

STAUFER'S NON-EVAPORATING INKSTAND.

Price, $1.00.

Price $1.00. *15.*



13.

Supporters E. C. or Economy.—Fig 5, on its elastic belt Z, is the least in price, and by the oblique construction of the cup sets direct within the angle of the axis of the uterus and vagina, (well seen by IU. Fig. 13.) If properly selected, or made so by the exchange privilege, (which admits the interchange of all the hard rubber parts in the catalogue, to cover the purchaser's risk.) It is warranted to correct and sustain even any ***Procidentia.*** The spring stems and shifting tops with their supplements, Fig. 1. Also, improved ***Retroversion, Cup E. Anterversion C.*** and ***Intra-Uterine Stem Cup, IU,*** Fig 13. The stem locks in a square socket after the cup is in position, and is supported on the elastic gums SS, as A Fig. 1, and same in price. Stem Levers, Fig. 14, etc. All are fully explained in the catalogue. The ***Series*** comprises upwards of 150 in style and size instruments, of which two-thirds belong to the support and correction of the uterus. ***Speculums***—Thomas' objections p. 67—'76, are by them completely overcome. The case contains four. The clear and large view, and facility to work through them, far exceeds any other. The ***Ex. Case,*** and physician's favorite, is admirably represented by Fig. 12—weight but 4 oz. ***Catalogue*** sent free on application. In addition to the description of the above series of instruments, it contains important information on this line of treatment.

Obtained through this Office (Med. and Surg. Reporter.)

MAILED ON RECEIPT OF PRICES.

ALWAYS SPECIFY "K. & M." IMPROVED EXTRACT OF MALT.

K. & M.
IMPROVED EXTRACT OF MALT.

Made from Canada Barley, selected, malted, dried, and extracted by, and under the immediate supervision of, Graduates of the Philadelphia College of Pharmacy. CONCENTRATED IN VACUO. This is as perfect an extract of the highest grade of carefully selected Barley Malt as can be PREPARED BY THE USE OF THE MOST IMPROVED VACUUM APPARATUS, recently designed for our own laboratory. As A FOOD in Syphilis, Typhoid and other fevers, Consumption and similar wasting diseases, it is without an equal for the rapid building up of a degenerate or depraved condition of the blood or tissues, since it acts not only as food itself, but its use converts and changes other kinds of food into a condition allowing easy assimilation.

We append the following letter from a gentleman well known to all:

Messrs. KEASBEY & MATTISON: PHILADELPHIA, September 25, 1877.

Gentlemen:—I have employed your Extract of Malt and Infant's Food in a large number of cases, much to my own satisfaction and to the benefit of the patient. The Infant's Food I regard as especially useful in cases of infants requiring artificial food, from any cause.

Yours, etc., W. B. ATKINSON, *Secretary American Medical Association.*

K. & M.
EXTRACT OF MALT WITH COD LIVER OIL.

ORIGINATED BY KEASBEY & MATTISON.

THE MOST NUTRITIVE EMULSION EVER MADE.

Our Improved Extract of Malt, with 50 per cent, of our fine Norwegian Oil, is pre-eminently the emulsion of Cod Liver Oil, since it has double the nutritive effect of any other emulsion of oil. It not only contains the largest amount of nutritive food in the smallest bulk of liquid, but, by the action of the Diastase contained in the malt, it is capable of transforming many times its bulk of amylaceous or graminaceous food into saccharine, thus rendering it easily digestible, even by the most delicate stomach of the invalid. The disagreeable eructations from the stomach, which constitute one of the greatest objections to the use of all preparations of Cod Liver Oil, are completely obviated in this preparation. We would direct the attention of physicians to the special fact that it unites perfectly with water in any proportion, and that the oil does not again separate, thus showing how perfectly the oil is emulsified.

Dose—A Dessert to a Tablespoonful immediately after Meals.

K. & M.
IMPROVED EXTRACT OF MALT WITH PEPSIN.

This is our Improved Extract of Malt, with the addition of five grains of our Saccharated Pepsin to the tablespoonful. For dyspeptic disorders it is found of great value, since it digests both albuminoid and amylaceous matter, thus furnishing a preparation that is needed in the majority of cases of dyspepsia and other derangements of the stomach dependent upon the non-assimilation of the food

Dose—A Dessert to a Tablespoonful immediately after Meals.

K. & M.
BEEF, IRON AND WINE, WITH EXTRACT OF MALT.

ORIGINATED BY KEASBEY AND MATTISON.

A Nourishing Diet for Invalids and Convalescents.

As a simple restorative food, where a tonic effect is desired, there is perhaps nothing in the whole line of tonic dietetics of so much real value as this preparation. It furnishes the diseased stomach with the power of assimilating amylaceous diet, and supplies readily assimilable food at the same time, in the articles of Malt Extract. The iron salt supplies the red corpuscles that are deficient in the blood, while to the nutrient effect of beef is added the stimulant effect of a fine sherry wine. Each tablespoonful represents two grains of the soluble citrate of iron, and one ounce of finely chopped raw lean beef, with equal quantities of our Improved Extract of Malt and sherry wine.

For sale by Druggists everywhere. Samples may be obtained of

THE MANUFACTURERS,

KEASBEY & MATTISON,

332 N. FRONT STREET, **PHILADELPHIA.**

1077-1128eow

ALWAYS SPECIFY "K. & M." IMPROVED EXTRACT OF MALT.

Analyses of Sulphate of Quinine Pills.

As we have repeatedly notified the trade, our Sulphate of Quinine Pills are made of Bleached Quinine and contain the correct amount of Quiniæ Sulphas, as represented on the label.

We submit below three analyses of our Sulphate of Quinine Pills obtained at different druggists; the first was made by Mr. Chas. Rice, of New York, one of the editors of the "*New Remedies*," and chemist of Department Public Charities and Correction of New York City, who is well known both personally and by reputation by a large number of physicians and druggists throughout the country. The other two analyses are by Dr. Polenske, former assistant of Prof. Sonnenshein, of Berlin, and now our own analytical chemist.

Our "Hospital Quinine" Pills are made as set forth in our circular of March 27th, which we reprint for the information of those who may not have seen it before.

With the assurance to the trade and medical profession, that we will always manufacture our preparations, as we have in the past, in **perfect good faith,** that we will use the best materials obtainable, increasing our knowledge by every means in our power, for examining and testing all ingredients and perfecting our business, we remain,

Very respectfully, McKESSON & ROBBINS.

NEW YORK, APRIL 17th, 1878.

"MESSRS. McKESSON & ROBBINS,

Gentlemen:—Having been requested by you to make an assay of the alkaloids contained in your Gelatine-Coated Quinine Pills, I purchased an original vial, containing 100 2 grain pills, in the store of Mr. Theodore Cole, 409 First Avenue, New York. Each ten of these pills weighed very nearly 34 grains, and the weight of the single pills is very uniform, varying but slightly either way from 3.4 grains. The whole number of pills, (100,) yielded 145.385 grains of anhydrous alkaloid, which was found to be **pure, White Quinia,** free from other cinchona alkaloids. This amount of dry Quinia corresponds to **203.8** grains of **Sulphate of Quinia,** containing 8 molecules of water of crystallization ($2\ C_{20}\ H_{24}\ N_2\ O_2 — H_2\ SO_4 — 8\ H_2\ O$); or to **201.7** grains of **Sulphate of Quinia,** containing 7½ molecules of water of crystallization ($2\ C_{20}\ H_{24}\ N_2\ O_2 — H_2\ SO_4 — 7½\ H_2\ O$), which latter is, as near as possible, the formula of the commercial pure Sulphate of Quinia. The amount of Sulphate of Quinia contained in the 100 pills examined, is therefore a trifle **in excess** of the required quantity, (3.8 grains, or 1.7 grain, according to whatever formula may be adopted for the crystallized salt).

Respectfully CHARLES RICE,
Chemist, Bellevue Hospital, N. Y."

NEW YORK, MARCH 30th, 1878.

"I have analyzed McKesson & Robbins' Gelatine-Coated 5 grs. Sulphate of Quinine Pills, from an original bottle of one hundred, and find that in two analyses of 10 pills each, the result in both cases was 51 grains of pure Sulphate of Quinine.

ED. POLENSKE, Ph. D."

NEW YORK, APRIL 13th, 1878.

"One hundred McKesson & Robbins' Gelatine-Coated 2 grs. Sulphate of Quinine Pills, analyzed by me to-day, contained 198 grains of Sulphate of Quinine. The Sulphate of Quinine obtained from these pills stood the Ether test, as laid down in the U. S. Ph.

ED. POLENSKE, Ph. D."

Circular of March 27th, 1878.

Since we changed, last fall, from Unbleached to Bleached Quinine in the manufacture of our Pills, we have heard from a large number of druggists and physicians stating that the therapeutical effects of the dark pills were better than the "bleached," dose for dose, where a tonic was indicated, and the antiperiodic effects of the former were as well marked. We made the change because we were disappointed in obtaining a uniform article of unbleached Quinine, were deceived in two shipments we received and the analyses of samples from the same package we submitted to different highly reputable chemists varied surprisingly, in fact, analysing Quinine *quantitively* is very difficult, as it depends very largely upon the different solubilities of the alkaloids in water, while the *qualitative* analysis is very simple and reliable.

The curative properties of the other alkaloids of Cinchona Barks have been well attested and the effect of the **combined alkaloids** has been repeatedly asserted to be greater than that of any **one alone.**

In view of these facts, we accordingly propose to offer Pills made of Hospital Quinine, which differs from that which has been known and understood as "unbleached," in the process of manufacture and in the proportion of Quinine. This Hospital Quinine will contain about 50 per cent. of Quinine Sulphate, and the balance, Cinchonidia Sulphate and traces of Quinidia Sulphate; the Cinchonia Sulphate, being less powerful than the other alkaloids is separated.

These pills on account of their lower price will relieve a difficulty, to which a large number of people living in malarious districts have been subjected—the inability to purchase Quinine Pills on account of price, especially when scarcity causes sudden and great advances, as at present—at the same time we believe that confidence may be felt of experiencing equal relief with similar doses.

We will continue, as now, to make our "Quinine Pills" of bleached Quinine, and the white color will readily identify them from our darker Hospital Quinines, which will be labelled "Hospital Quinine." The list of Hospital Quinine Pills we submit below is subject to same discount as our other pills, and will be reduced as soon as the market on Quinine will allow. We call special attention to our Pills of Cinchona Bark Alkaloids, which contain a definite quantity of each of the four alkaloids, one-half grain each Sulphates Quinia, Quinidia, Cinchonia and Cinchonidia.

We annex below list of our Pills of other Cinchona Alkaloids, and remain, soliciting your correspondence and valued orders,

Yours respectfully,

March 27th, 1878. McKESSON & ROBBINS.

Pills of "HOSPITAL QUININE" and the Cheaper Alkaloids.

"HOSPITAL QUININE," ¼ gr.		70	3 25	Chinoidine, ¼ and 1 gr.	60	2 75
"HOSPITAL QUININE," ½ gr.		85	4 00	Chinoidine, 3 grs.	75	3 50
"HOSPITAL QUININE," 1 gr.	1 40		6 75	CINCHONA BARK ALKALOIDS.	2 00	9 75
"HOSPITAL QUININE," 1½ grs.	1 90		9 25	Quiniæ Sulph., 1-2 gr. Quinidiæ Sulph., 1-2 gr. Cinchoniæ Sulph., 1-2 gr. Cinchonidiæ Sulph., 1-2 gr.		
"HOSPITAL QUININE," 2 grs.	2 50		12 25			
"HOSPITAL QUININE," 3 grs.	3 75		18 50			
"HOSPITAL QUININE," 4 grs.	4 50		22 25	Cinchonia, Sulphate, 3 grs.	1 00	4 75
"HOSPITAL QUININE," 5 grs.	6 00		29 75	Cinchonidia, Sulphate, 1 gr.	60	2 75
Quinidia, Sulphate, 1 gr.	80		3 75	Cinchonidia, Sulphate, 2 grs.	1 00	4 75
Quinidia, Sulphate, 2 grs.	1 50		7 25	Cinchonidia, Sulphate, 3 grs.	1 50	7 25
Quinidia, Sulphate, 3 grs.	2 20		10 75	Cinchonidia, Sulphate, 5 grs.	2 50	12 25

SEND FOR FORMULA BOOK AND PRICE LIST OF PILLS.

DETROIT MEDICAL COLLEGE.

SESSIONS OF 1878-79.

FACULTY.

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Professor of General and Descriptive Anatomy and Clinical Surgery.

LEARTUS CONNOR, M.D., Secretary,
Professor of Physiology and Lecturer on Diseases of the Eye and Ear.

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Lecturer on Genito-Urinary System and Rectum.

DANIEL LA FERTE, M.D.,
(Demonstrator of Anatomy) and Lecturer on Orthopedic Surgery and Tumors.

J. G. JOHNSON, M.D.,
Lecturer on Diseases of Mind and Nervous System.

J. H. CARSTENS, M.D.,
Lecturer on Differential Diagnosis.

E. L. SHURLY, M.D.,
Lecturer on Diseases of Throat and Lungs.

F. A. SPALDING, M.D.,
Lecturer on Diseases of the Skin.

C. C. YEMANS, M.D.,
Lecturer on Chemistry.

JAS. D. MUNSON, M.D.,
Demonstrator of Practical Physiology.

E. A. CHAPOTON, M.D.,
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The Collegiate Year is divided into three sessions.

PRELIMINARY SESSION opens Wednesday, September 4th, 1878, and continues one month. The Clinics are held and the Lectures delivered by the Professors of the regular Faculty, and in the same order and frequency as during the Winter Term. Opportunity is given to dissect or work in the Chemical and Physiological Laboratories.

The REGULAR SESSION opens Wednesday, October 2d, 1878, and continues five months. During this term all the branches of *General Medicine and Surgery*, both scientific and practical, are taught with care and thoroughness. All students are daily examined on the subjects of the lectures and on their dissecting and laboratory work.

Senior students have *daily practice* in the *art of examining patients*, in forming their own diagnosis, prognosis and treatment. As this is done under the direction of the professor holding each clinic, and in the presence of the class, it constitutes an invaluable course of training.

The RECITATION SESSION begins second Wednesday in March, 1879, and continues four months. Daily during this term there will be held a lecture, recitation and one or two clinics. The lectures will be upon special subjects of medical or surgical interest.

The recitations will embrace the general subjects of the Regular Session, viz., Anatomy, Surgery, Midwifery, Diseases of Women, Physiology, Practice of Medicine, Materia Medica and Chemistry.

Though the Recitation and Preliminary Sessions are optional, it is hoped that all who can will avail themselves of their manifest advantages in supplementing the regular winter course.

Three Hospitals—Harper's, St. Mary's and St. Luke's—with two large free dispensaries, afford an abundance of clinical material for illustrative and practical teaching.

All lectures are delivered on Hospital grounds. The *peculiar feature* of this school is the *intimate union* between its *laboratory, clinical* and *didactic* instruction.

FEES.—For Preliminary and Regular Sessions: Matriculation, $5. Hospital Fees, $10. Lecture Fees, $40. Graduation, $25. Lecture Fees to third course students, $25.

For the Recitation Term the Lecture Fees are $10, to those who attend the other courses. All others are required to matriculate and take out the Hospital tickets.

All fees payable in advance to the *Secretary*.

Board and Rooms can be obtained at low rates—according to accommodations—from $3 to $5 per week. Announcement and Catalogue, or any further information which may be desired, can be promptly obtained by addressing

LEARTUS CONNOR, M.D., SECRETARY,

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FOR SALE.—A PHYSICIAN IN ILL health will dispose of a first-class opportunity to practice medicine, in a thriving village in New Jersey. Address "A. B. C.," care of MEDICAL AND SURGICAL REPORTER. 1t

A RARE OPPORTUNITY.—A WELL-established office practice—chiefly eye and ear—can be secured if applied for immediately. Business large and lucrative. No competition in the city. Practitioner retires and possession given August 1st. Address, with stamp, "Medicus," care MEDICAL AND SURGICAL REPORTER, Philadelphia, Pa. 1116-1117

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FOR SALE—A PHYSICIAN'S PROPERTY and Practice, in a small country town. Reasons for selling, ill-health. Address
ISRAEL D. FOX,
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400 DOLLARS WILL BUY HORSE, Vehicles, Medicines, Office Fixtures, etc., of a physician engaged in a paying practice, in Delaware. Any M. D., that means business, will address "DOCTOR," office of MED. AND SURG. REPORTER. 1107-tf

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LOUIS V. HELMOLD,

No. 127 South Tenth Street,

(OPPOSITE JEFFERSON MEDICAL COLLEGE),
PHILADELPHIA, PA.,

Manufactures and keeps constantly on hand a general assortment of

Surgical Instruments,

Of the finest quality and most approved patterns. Orders from Country Physicians will receive particular attention. 1036-tf

PURE, FRESH AND GENUINE

BOVINE VIRUS FROM HEIFERS.

Physicians and Pharmacists are informed that they can, at all times, be supplied with reliable COW POX VIRUS by the undersigned. It is taken every week, and is from pure Beauguency stock, imported this year. It is GUARANTEED, and unless it proves efficient another supply is sent *gratis*.

Ivory Points, Charged, per dozen.....$2 00
Whole Quills, each..... 25
or Five for..... 1 00

In all cases the cash must be sent with the order. Address all letters and make all orders payable to

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A SPECIFIC FOR VOMITING IN PREGNANCY, A POTENT REMEDY FOR INDIGESTION, DYSPEPSIA, AND SICK STOMACH. IT IS SUPERIOR TO PEPSIN, SINCE IT ACTS WITH MORE CERTAINTY AND EFFECTS CURES WHERE IT FAILS.

DOSE 5 TO 15 GRAINS.

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This Extract contains the entire properties of the leaf of the **Erythroxylon Coca.**

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This wine has been successfully used in France as a **Tonic,** and found very desirable where a more mild effect of the Coca than the Fluid Extract was desired.

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SUCCESSFULLY USED FOR THE REDUCTION OF OBESITY.

It seems to have no appreciable effect on the general health other than the removal of the adipose tissue.

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IN SOLUTION, WITHOUT THE AID OF ACIDS OR OTHER SOLVENTS.

It is nearly tasteless, does not blacken the teeth, is very readily absorbed, will not constipate, nor cause any disturbance of the digestive apparatus, and is tolerated by persons who could not support any other preparation of iron. It is offered in the form of a **solution,** which is generally preferred; or of an **elixir,** when a slight stimulant is desired.

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DEPURATORY SYRUP AND DRAGEES,
OF IODIZED DEUTO-IODIDE OF MERCURY.

These preparations have been approved by the Academy of Medicine of Paris, and have been thoroughly tested in the hospitals of Paris in the treatment of *Syphilitic, Scrofulous* and other affections requiring the use of iodized remedies.

They are recommended for the utmost accuracy of composition, and their perfect preservation.

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Since the introduction of this oil in 1858, it has been found to be superior to all other kinds of Cod Liver Oil for the treatment of **General Debility, Consumption, Scrofula, Rickets, etc.**

It possesses not only all the **nourishing** qualities of the best Cod Liver Oil, but also the **tonic, stimulant** and **alterative** properties of **Iodine, Bromine** and **Phosphorus,** which are added in such proportions as to render it therapeutically five times as efficacious as pure Cod Liver Oil.

Through its **increased curative action, FOUGERA'S COD LIVER OIL** will be found to cure disease in a much shorter time than the pure oil; while favorable results will be obtained by its use in many advanced cases when the pure Cod Liver Oil would fail entirely.

FOUGERA'S READY-MADE MUSTARD PLASTERS.

A most useful, convenient, clean, and economical preparation. Not liable to change, if kept in a dry place. Made of two strengths. Plasters No. 1, of pure mustard; Plasters No. 2, of one-half mustard. Price 40 cents, the tin box, or tin roll, of 10 plasters each. DIRECTIONS.—Dip the Plaster, or Plasters, a minute or two, in cold water; apply on the part, and cover with a band.

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(Iceland Moss, Lactucarium Ipecac and Tolu.)

Used with great success against nervous and convulsive coughs, Whooping Cough, Acute Bronchitis, Chronic Catarrh, Influenza, etc.

Wakefulness, Cough, and other sufferings in Consumption, are greatly relieved by the soothing and expectorant properties of this Paste.

FOUGERA'S IODO-FERRO-PHOSPHATED ELIXIR OF HORSE-RADISH.

This Elixir contains Iodine, Pyrophosphate of Iron, the active principles of antiscorbutic and aromatic plants, and acts as a **tonic, stimulant, emmenagogue,** and a **powerful regenerator of the blood.** It is an invaluable remedy for all constitutional disorders due to the impurity and poverty of the blood. One of the advantages of this new preparation consists in combining the virtues of Iodine and Iron without the inky taste of Iodide of Iron.

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LACTOPEPTINE,

The most important remedial agent ever presented to the medical profession for Indigestion, Dyspepsia, Vomiting in Pregnancy, Cholera Infantum, Constipation, and all diseases arising from imperfect nutrition; containing the five active agents of digestion, viz: Pepsin, Pancreatine, Diastase or Veg. Ptyalin, Lactic and Hydrochloric Acids, in combination with Sugar of Milk.

FORMULA OF LACTOPEPTINE.

Sugar of Milk	40 ounces.	Veg. Ptyalin or Diastase	4 drachms.
Pepsin	8 "	Lactic Acid	5 fl. "
Pancreatine	6 "	Hydrochloric Acid	5 fl. "

LACTOPEPTINE owes its great success solely to the Medical profession, and is sold almost entirely by Physicians' Prescriptions. Its almost universal adoption by the profession is the strongest guarantee we can give that its therapeutic value has been most thoroughly established.

The undersigned, having tested REED & CARNRICK'S preparation of Pepsin, Pancreatine, Diastase, Lactic Acid and Hydrochloric Acid, made according to published formula, and called LACTOPEPTINE, find that in those diseases of the stomach where the above remedies are indicated it has proven itself a desirable, useful and well-adapted addition to the usual pharmaceutical preparations, and therefore recommend it to the profession.

NEW YORK, *April 6th*, 1875.

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" " and Bismuth	"	15.00
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Originators and Manufacturers of

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RELIABILITY and general excellence of manufactures.

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India-rubber-spread and Porous Plasters possess indisputable advantages over all other Plasters: (1) The Rubber combination preserves the incorporated drug or extract from decomposition or volatilization; (2) They adhere closer and firmer; (3) They do not soil the skin or linen; (4) They are always pliable, and never become hard or brittle; (5) They adhere without heat or moisture; (6) An increased effect obtained by being porous, as the Plaster neither slides nor moves from its affixed position.

BELLADONNA PLASTER, U. S. P.

IN RUBBER COMBINATION.

Messrs. SEABURY & JOHNSON claim that theirs is the most thoroughly reliable and only strictly officinal Belladonna Plaster ever offered the medical profession. It is an improvement on other Belladonna Plasters in several important particulars. First, it is incorporated with the officinal alcoholic extract only. Secondly, it is freed from all stimulating qualities, thereby insuring the uninfluenced sedative action of Belladonna. Thirdly, it adheres with greater tenacity than others. Physicians have been prejudiced in favor of Allen's English Extract; but recent analysis, fairly conducte t by competent chemists, emphatically condemns the Inspissated Extract as a mild and unstable product, representing but one-half or less than one-half of the strength of the U. S. P. Alcoholic Extract of Belladonna. The following result, published in the *American Journal of Pharmacy*, in April, 1876, page 145, is furnished for your consideration, which indicates the following percentage of Atropia in the respective extracts:—

Alcoholic Extract Belladonna, U. S. P......2,571
Allen's English Extract.....1,411
Herring's English Extract.....1,179

The practitioner, as well as ourselves, has but one choice.

Considering these features from a professional standpoint, we offer a Belladonna plaster which cannot be improved upon.

SALICYLATED SURGEONS' RUBBER ADHESIVE PLASTER

This article has met with unprecedented success, and has been emphatically pronounced by our most skillful General and Orthopædic Surgeons, as "the best Surgeons' Adhesive Plaster known." It is applied without heat or moisture, conforms quickly to the parts; is perfectly flexible and waterproof, and is ready for use at any moment. It is free from irritating properties and very healing. In counter-extension it has no equal, as it does not move or slide after being applied. Our India-rubber Adhesive Plaster is also spread on twilled linen, which resists the most powerful strain. In addition to these general improvements, the plaster being impervious to water, wounds can be cleansed without removing the plaster, obviating the necessity of constant redressing, saving labor and time. **Whenever continued powerful adhesion is required, it should be procured in porous form.**

MUSTARD PLASTER (spread on Cotton Cloth).

Our Mustard Plaster is a decided improvement over the best French makes; the mustard is manipulated so as to exclude all the moisture, retaining unimpaired by such treatment, its essential properties. They are always reliable, conform quickly to the part, and when thoroughly wet do not break into pieces, as is the case with all other mustard plasters. They do not crack or peel off, and can be removed without soiling the skin or linen. Being **manufactured only of pure mustard,** they are perfectly free from Croton Oil or other dangerous substitutes, often employed to induce intense irritation.

RUBBER BLISTER PLASTER (Camphorated) U. S. P. STRENGTH.

This article has a splendid reputation; its characteristic action is not impaired by age in any climate. The whole fly is incorporated, which, by constant manipulation is thoroughly and beautifully combined with the plaster. **Its properties are developed quicker, and it blisters in less time than the cerate.** It never fails to blister when used as directed. In addition to its superior efficacy as a vesicant, we incorporate a sufficient quantity of Camphor, which, with the Olive Oil used on the face of the plaster, **prevents Strangury.** This improvement will be appreciated by every practitioner. It is more reliable than any known cantharidal preparation.

CAPSICUM PLASTER.

Recently this article has crept into favor with our most esteemed physicians, and judging from results, it is doubtless the best rubefacient known. It has the specific action of mustard without its objections. The characteristic action of Capsicum is uniformly maintained from twenty-four to forty-eight hours, without blistering, being mild, continuous, and stimulating. This plaster is spread in rubber combination and in porous form. Experience has taught practitioners that the Oleo Resin of Capsicum is too violent, frequently vesicating; we incorporate the crude drug in sufficient quantity, without risk to the patient. Our Capsicum Plasters will be found more practical for general use than the **so-called Mustard or Capsicum Papers.**

SPECIAL NOTICE TO PHYSICIANS.

QUALITY IS OF GREAT IMPORTANCE TO THE PRACTITIONER: BY RELIABLE PREPARATIONS HE SUPPLEMENTS HIS OWN SKILL. You can therefore rest assured that every article we manufacture is of strict pharmacopœia strength, and incorporated with perfectly reliable Extracts and Drugs, well selected, carefully and conscientiously prepared, and manufactured invariably under the personal superintendence of one of our firm. OUR WHOLE ATTENTION AND STUDY IS DEVOTED ENTIRELY TO THE ART OF PLASTER MAKING, and we are ready at all times to receive suggestions from the fraternity, which may be of benefit to all.

SEABURY & JOHNSON,

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ALWAYS SPECIFY SEABURY & JOHNSON'S PLASTERS.

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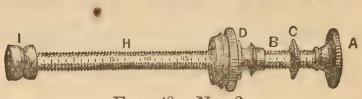


FIG. 48.—No. 2.

These cuts (two-thirds the actual size) represent a New Hypodermic Syringe of our Manufacture. With the exception of the needles, it is of German Silver, a material chosen as possessing, next to steel, the greatest rigidity and durability, while free from liability to oxydation. The barrel is formed by a process peculiar to ourselves, securing uniformity of calibre without soldered joint or seam. It is plated inside and outside with nickel. The piston is packed in the double parachute form, with leather prepared expressly for the purpose. It will be found to retain its elasticity, to operate smoothly, to resist all tendency of fluid to pass above, as of air below it. A nicely-engraved scale upon the piston-rod indicates minims, thirty being the capacity of the syringe.

Syringes Nos. 2, 3, and 4 have also a screw thread upon the piston-rod, and a traverse nut, thereby favoring the utmost nicety in the graduation of doses.

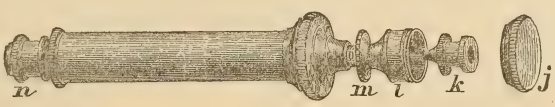
No. 3, Compact, has hollow piston-rod to receive one needle, also a protecting cover and fluid retainer; it may be carried in the Pocket Instrument or Vial Case, or without any case.

No. 4, Compact, is like No. 3, with the addition of a second needle, carried upon the syringe in the usual place, protected by a metal shield.

Nos. 1 and 2 are put up in neat morocco-covered case, with vial.

Two sizes of needles are furnished with each instrument, Nos. 1, 2, and 4; one only with No. 3. They are of refined steel, carefully tempered, and thoroughly plated with gold; they are of small diameter and large relative calibre, sharpened to such an angle as will offer least resistance to penetration, and therefore cause least pain. At the point of union with the socket they are reinforced with an outer covering of German silver, thereby overcoming the tendency to become broken at this place. They are connected with the barrels by a screw thread.

Prices: No. 1, *$4.00* No. 2, *$4.50* Postage, .03
" No. 3, *3.00* No. 4, *4.00* " .02



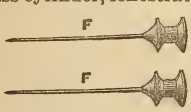
No. 3.

These Syringes are so thoroughly and strongly made as to be free from the annoying accidents common to most Hypodermic Syringes; and we believe that, for convenience, durability, and nicety of construction, they have no superior.

OTHER HYPODERMIC SYRINGES.

		Postage.
No. 7, glass-barrel, graduation engraved on barrel, with screw nut on piston, nickel-plated mountings, two best steel gilt needles, in neat case	*$3.00*	.02
No. 9, glass, graduation engraved and numbered on piston-rod, with screw nut, best steel gilt needles, in neat case	*3.00*	.02
No. 7 or No. 9, with two steel unplated needles, either	*2.50*	.02
No. 10, glass, Luer's (French), graduation as No. 9, one gold needle and two steel needles, silver mountings, neat velvet-lined morocco case	*12.00*	.02

No. 11, glass cylinder, fenestrated, nickel-plated metal mounting (see cut).



No. 11.

As represented in the cut, the glass cylinder is encased in a metal mounting, fenestrated to show the graduations for minims. The instrument may readily be taken apart for cleaning, and for those who prefer glass, is recommended for its non-liability to breakage. Price, with two best steel gilt needles, in a neat case *$3.50* Postage. .02

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Our new *Illustrated Catalogue of Surgical Instruments,* also a new Pamphlet on Inhalation of Atomized Liquids, by distinguished medical authority, with many valuable formulas, will be forwarded, postpaid, on application.

Atomizers and articles for Antiseptic Surgery, Aspirators, Clinical Thermometers, Elastic Hose, Electrical Instruments, Invalids' Articles, Manikins, Models, Ophthalmoscopes; Dr. Paquelin's Thermo-Cautery; Pessaries, Rubber Urinals; Sayre's Splints, and Apparatus for every kind of Deformity; Skeletons, Sphygmographs, Splints, Transfusion Apparatus; Vaccine Virus from our own stables; Veterinary Instruments; Waldenburg's Pneumatic Apparatus, &c., &c.

☞ *See our other advertisements in successive numbers* MEDICAL AND SURGICAL REPORTER.

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The Trommer Extract of Malt Company guarantee to the Medical Profession the excellent quality and absolute reliability of their Extract of Malt. and all its combinations.

Extract of Malt,

WITH COD-LIVER OIL,

FIRST PROPOSED BY DR. F. H. DAVIS, OF CHICAGO,

(See Transactions of American Medical Association, for 1876, page 176.)

Is presented to the medical profession as an efficient, palatable and very stable combination, consisting of equal parts of the ***Extract of Canadian Barley Malt*** and the best quality of genuine ***Norwegian Cod-liver Oil.*** Many patients take this preparation who cannot take the oil in any other form. It may be employed in all cases where Cod-liver Oil is appropriate, but is peculiarly adapted to those complicated with disordered digestion.

Extract of Malt,

WITH COD-LIVER OIL AND PHOSPHORUS,

Consists of equal parts of Extract of Malt and pure fresh Norwegian Cod-liver Oil, Phosphorus being added in the proportion of $\frac{1}{100}$ grain to the dose, and so combined as to be perfectly protected from oxidation. The ***Trommer Extract of Malt Company*** prepare this combination agreeably to the suggestion of ***Dr. Wilson Fox.*** It is specially adapted to cases of phthisis, bronchitis, pernicious anæmia, and diseases of the nervous system.

Extract of Malt,

WITH COD-LIVER OIL AND IODIDE OF IRON

added in the proportion of one grain to the dose. This combination is intended to meet those cases where the physician desires to add a more energetic alterative and restorative to the treatment with Cod-liver Oil and Extract of Malt. The manufacturers have received numerous letters from prominent physicians, referring to it in terms of high praise.

1090-1115eow

Bellevue Hospital Medical College,

CITY OF NEW YORK.

MEMBER OF THE AMERICAN MEDICAL COLLEGE ASSOCIATION.

SESSIONS OF 1878-'79.

THE COLLEGIATE YEAR in this Institution embraces a preliminary Autumnal Term, the Regular Winter Session, and a Spring Session.

THE PRELIMINARY AUTUMNAL TERM for 1878-1879, will open on Wednesday, September 18, 1878, and continue until the opening of the Regular Session. During this term, instruction, consisting of didactic lectures upon special subjects and daily clinical lectures, will be given, as heretofore, by the entire Faculty. Students expecting to attend the Regular Session are strongly recommended to attend the Preliminary Term, but attendance during the latter is not required. *During the Preliminary Term, clinical and didactic lectures will be given in precisely the same number and order as in the Regular Session.*

THE REGULAR SESSION will begin on Wednesday, Oct. 2, 1878, and end about the 1st of March, 1879.

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JAMES R. WOOD, M. D., LL. D.,
Emeritus Professor of Surgery.

FORDYCE BARKER, M. D.,
Professor of Clinical Midwifery and Diseases of Women.

AUSTIN FLINT, M. D.,
Professor of the Principles and Practice of Medicine and Clinical Medicine.

W. H. VAN BUREN, M. D.,
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LEWIS A. SAYRE, M. D.,
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ALEXANDER B. MOTT, M. D.,
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LEWIS SMITH, M. D.,
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LEROY MILTON YALE, M. D.,
Lecturer Adjunct upon Orthopedic Surgery.

A distinctive feature of the method of instruction in this College is the union of clinical and didactic teaching. All the lectures are given within the Hospital grounds. During the Regular Winter Session, in addition to four didactic lectures on every week-day, except Saturday, two or three hours are daily allotted to clinical instruction.

The Spring Session consists chiefly of Recitations from Text-books. This term continues from the first of March until the first of June. During this Session, daily recitations in all the departments are held by a corps of examiners appointed by the Faculty. Regular clinics are also given in the Hospital and the College building.

FEES FOR THE REGULAR SESSION.

Fees for Tickets to all the Lectures during the Preliminary and Regular Term, including Clinical Lectures,	$140.00
Matriculation Fee	5.00
Demonstrator's Ticket (including material for dissection)	10.00
Graduation Fee	30.00

FEES FOR THE SPRING SESSION.

Matriculation (Ticket good for the following Winter)	$5.00
Recitations, Clinics, and Lectures	35.00
Dissection (Ticket good for the following Winter)	10.00

☞ Students who have attended two full Winter courses of lectures may be examined at the end of their second course, upon Materia Medica, Physiology, Anatomy, and Chemistry, and, if successful, they will be examined at the end of their third course upon Practice of Medicine, Surgery, and Obstetrics only.

☞ For the Annual Circular and Catalogue, giving regulations for graduation and other information, address Prof. AUSTIN FLINT, Jr., Secretary, Bellevue Hospital Medical College.

JEFFERSON MEDICAL COLLEGE,

PHILADELPHIA.

The Fifty-fourth Session of the Jefferson Medical College will begin on Tuesday, October 1, 1878, and will continue until March 1st, 1879. Preliminary Lectures will be held from Monday, 2d September.

PROFESSORS.

JOSEPH PANCOAST, M.D., General, Descriptive and Surgical Anatomy (*Emeritus*).
SAMUEL D. GROSS, M.D., LL.D., D.C.L. Oxon., Institutes and Practice of Surgery.
ELLERSLIE WALLACE, M.D., Obstetrics and Diseases of Women and Children.
JOHN B. BIDDLE, M.D., Materia Medica and General Therapeutics.
J. AITKEN MEIGS, M.D., Institutes of Medicine and Medical Jurisprudence.
J. M. DA COSTA, M.D., Practice of Medicine.
WILLIAM H. PANCOAST, M.D., General, Descriptive and Surgical Anatomy.
ROBERT E. RODGERS, M.D., Medical Chemistry and Toxicology.

Continuous Instruction is given throughout the year (with the exception of the months of July and August), which is free to the matriculates of the Winter Session. The following special subjects are taught during the Preliminary Course in September:—

Medical Jurisprudence, by Professor Meigs.

Dermatology and Syphilitic Diseases, by Dr. F. F. Maury, one of the Surgeons to the Philadelphia Hospital.

Pathological Anatomy, by Dr. Longstreth, Pathologist to the Pennsylvania Hospital.

Operative Surgery, with Operations on the Cadaver, by Dr. John H. Brinton, one of the Surgeons to the Philadelphia Hospital.

Diseases of the Urino-Genital Organs, by Dr. S. W. Gross, one of the Surgeons to the Philadelphia Hospital.

Ophthalmology is treated both clinically and didactically during the entire course, by Dr. William Thomson, one of the Surgeons to the Wills Ophthalmic Hospital.

Laryngoscopy, with Diseases of the Throat, by Dr. J. Solis-Cohen.

The Demonstrator of Surgery, Dr. J. Ewing Mears, delivers a distinct course of *Demonstrations of Surgery,* with illustrations on the Cadaver, during the entire session.

Practical Chemistry, with Qualitative and Quantitative Analysis, the Examination of Normal and Abnormal Products, and Manipulation by the student himself, is taught by the Professor of Chemistry, assisted by the Demonstrator, G. M. Ward, M.D.

Practical Anatomy and Morbid Anatomy.—For the study of Practical Anatomy a full supply of material is furnished, free of charge. The anatomical rooms are spacious and provided with every convenience, and not only are subjects for dissection to be had without expense, but there are no incidental or extra charges of any kind. Demonstrator of Anatomy, T. H. Andrews, M.D.

Bedside Instruction is furnished to advanced students. The practical use of the laryngoscope is taught to all candidates for graduation, in classes of convenient size, at the College Hospital, by J. Solis-Cohen, and the use of the ophthalmoscope, by Dr. W. Thomson.

Laboratory Instruction is at the disposal of all the members of the class in the Chemical and Physiological Laboratories, and Practical Instruction in the use of the Microscope is also given.

Post-Mortem Examinations.—During the past winter opportunity was afforded to the graduating class of being present in sections, at autopsies, by Dr. Morris Longstreth, Pathologist to the Jefferson Medical College Hospital and to the Pennsylvania Hospital; and these facilities will be continued during the ensuing session.

The New Hospital of the Jefferson Medical College, which was begun in November, 1875, is now completed and in operation. It is situated immediately west of the College, fronting on Sansom Street, and is bounded on three sides by streets, and by a wide private passage way on the fourth side. It is 107 feet square, five stories in height, and is designed for the easy accommodation of 125 patients. In connection with the Hospital is the Out Door or Dispensary Department, which furnishes much valuable material for clinical instruction. The amphitheatre, provided for Clinical Lectures, is probably the largest and most convenient in the United States, and will seat more than six hundred students. The most approved appliances for heating, ventilation, etc., have been provided, and in architectural construction, and all desirable conveniences, this hospital will be found at least equal to any American clinical hospital. Daily Clinical Lectures are given at the hospital, through the entire year, by members of the Faculty and by the hospital staff, which is constituted as follows:—

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F. F. MAURY, M.D.,
S. W. GROSS, M.D.,
R. J. LEVIS, M.D.

Ophthalmic Surgeon:
WILLIAM THOMSON, M.D.

Aural Surgeon:
L. TURNBULL, M.D.

Physicians:
J. SOLIS-COHEN, M.D.,
JAMES C. WILSON, M.D.,
JOHN B. ROBERTS, M.D.,
OLIVER P. REX, M.D.

Gynæcologists:
F. H. GETCHELL, M.D.,
J. EWING MEARS, M.D.,

Pathologist:
MORRIS LONGSTRETH, M.D.

A Summer Course of Supplementary Lectures is given, beginning 17th March, 1879, and extended through the months of April, May, and June. There is no additional charge for this Course to matriculates of the College, except a registration fee of five dollars; non matriculates pay thirty five dollars, which is, however, credited on the amount of fees paid for the ensuing winter course.

FEES.

For a Full Course.....$140 00
Matriculation Fee (paid once only)..... 5 00
Graduation Fee..... 30 00

Students who have attended two full courses on Materia Medica, Institutes, Anatomy, or Chemistry, may be examined on any of these branches at the end of their second course.

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The Clinical advantages are superior, two large Dispensaries being under the exclusive care of the Faculty, and daily Lectures in the largest Hospital of the West.

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Messrs. KEASBEY & MATTISON:— PHILADELPHIA, September 21, 1877.

Gentlemen:—I have used a large number of your preparations for several years past with great satisfaction, and am happy to commend them to others from what I know both of your drugs and of yourselves.

Very truly yours, W. W. KEEN, M. D.

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The recent extensive employment of this salt as a remedy, amounting almost to a specific in cases of sick headache, and its use in nervous diseases generally, have caused us to place it upon our list. Its value is much enhanced by its administration with Carbonic Acid, so agreeably and efficiently produced by this form.

A heaping teaspoonful, containing ONE GRAIN of Citrate of Caffeine, should be given in sick headache, every hour or two before and during the paroxysms.

Messrs. KEASBEY & MATTISON:— PHILADELPHIA, September 27, 1877.

Gentlemen:—It gives me pleasure to add my testimony in regard to your preparations, which I have used for a long time; they are thoroughly reliable.

Truly yours, THOMAS G. MORTON, M. D.

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As we have repeatedly notified the trade, our Sulphate of Quinine Pills are made of Bleached Quinine and contain the correct amount of Quiniæ Sulphas, as represented on the label.

We submit below three analyses of our Sulphate of Quinine Pills obtained at different druggists; the first was made by Mr. Chas. Rice, of New York, one of the editors of the "*New Remedies*," and chemist of Department Public Charities and Correction of New York City, who is well known both personally and by reputation by a large number of physicians and druggists throughout the country. The other two analyses are by Dr. Polenske, former assistant of Prof. Sonnenshein, of Berlin, and now our own analytical chemist.

Our "Hospital Quinine" Pills are made as set forth in our circular of March 27th, which we reprint for the information of those who may not have seen it before.

With the assurance to the trade and medical profession, that we will always manufacture our preparations, as we have in the past, in **perfect good faith,** that we will use the best materials obtainable, increasing our knowledge by every means in our power, for examining and testing all ingredients and perfecting our business, we remain,

Very respectfully, **McKESSON & ROBBINS.**

NEW YORK, APRIL 17th, 1878.

"MESSRS. McKESSON & ROBBINS,

Gentlemen:—Having been requested by you to make an assay of the alkaloids contained in your Gelatine-Coated Quinine Pills, I purchased an original vial, containing 100 2 grain pills, in the store of Mr. Theodore Cole, 409 First Avenue, New York. Each ten of these pills weighed very nearly 34 grains, and the weight of the single pills is very uniform, varying but slightly either way from 3.4 grains. The whole number of pills, (100,) yielded 148.385 grains of anhydrous alkaloid, which was found to be **pure, White Quinia,** free from other cinchona alkaloids. This amount of dry Quinia corresponds to **203.8** grains of **Sulphate of Quinia,** containing 8 molecules of water of crystallization ($2\ C_{20}\ H_{24}\ N_2\ O_2—H_2\ SO_4—8\ H_2\ O$); or to **201.7** grains of **Sulphate of Quinia,** containing 7½ molecules of water of crystallization ($2\ C_{20}\ H_{24}\ N_2\ O_2—H_2\ SO_4—7½\ H_2\ O$), which latter is, as near as possible, the formula of the commercial pure Sulphate of Quinia. The amount of Sulphate of Quinia contained in the 100 pills examined, is therefore a trifle **in excess** of the required quantity, (3.8 grains, or 1.7 grain, according to whatever formula may be adopted for the crystallized salt).

Respectfully CHARLES RICE,
Chemist, Bellevue Hospital, N. Y."

NEW YORK, MARCH 30th, 1878.

"I have analyzed McKesson & Robbins' Gelatine-Coated 5 grs. Sulphate of Quinine Pills, from an original bottle of one hundred, and find that in two analyses of 10 pills each, the result in both cases was 51 grains of pure Sulphate of Quinine.

ED. POLENSKE, Ph. D."

NEW YORK, APRIL 18th, 1878.

"One hundred McKesson & Robbins' Gelatine-Coated 2 grs. Sulphate of Quinine Pills, analyzed by me to-day, contained 198 grains of Sulphate of Quinine. The Sulphate of Quinine obtained from these pills stood the Ether test, as laid down in the U. S. Ph.

ED. POLENSKE, Ph. D."

Circular of March 27th, 1878.

Since we changed, last fall, from Unbleached to Bleached Quinine in the manufacture of our Pills, we have heard from a large number of druggists and physicians stating that the therapeutical effects of the dark pills were better than the "bleached," dose for dose, where a tonic was indicated, and the antiperiodic effects of the former were as well marked. We made the change because we were disappointed in obtaining a uniform article of unbleached Quinine, were deceived in two shipments we received and the analyses of samples from the same package we submitted to different highly reputable chemists varied surprisingly, in fact, analysing Quinine *quantitively* is very difficult, as it depends very largely upon the different solubilities of the alkaloids in water, while the *qualitative* analysis is very simple and reliable.

The curative properties of the other alkaloids of Cinchona Barks have been well attested and the effect of the **combined alkaloids** has been repeatedly asserted to be greater than that of any **one alone.**

In view of these facts, we accordingly propose to offer Pills made of Hospital Quinine, which differs from that which has been known and understood as "unbleached," in the process of manufacture and in the proportion of Quinine. This Hospital Quinine will contain about 50 per cent. of Quinine Sulphate, and the balance, Cinchonidia Sulphate and traces of Quinidia Sulphate; the Cinchonia Sulphate, being less powerful than the other alkaloids is separated.

These pills on account of their lower price will relieve a difficulty, to which a large number of people living in malarious districts have been subjected—the inability to purchase Quinine Pills on account of price, especially when scarcity causes sudden and great advances, as at present—at the same time we believe that confidence may be felt of experiencing equal relief with similar doses.

We will continue, as now, to make our "Quinine Pills" of bleached Quinine, and the white color will readily identify them from our darker Hospital Quinines, which will be labelled "Hospital Quinine." The list of Hospital Quinine Pills we submit below is subject to same discount as our other pills, and will be reduced as soon as the market on Quinine will allow. We call special attention to our Pills of Cinchona Bark Alkaloids, which contain a definite quantity of each of the four alkaloids, one-half grain each Sulphates Quinia, Quinidia, Cinchonia and Cinchonidia.

We annex below list of our Pills of other Cinchona Alkaloids, and remain, soliciting your correspondence and valued orders,

Yours respectfully,

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"HOSPITAL QUININE," 1 gr.	1 40	6 75
"HOSPITAL QUININE," 1½ grs.	1 90	9 25
"HOSPITAL QUININE," 2 grs.	2 50	12 25
"HOSPITAL QUININE," 3 grs.	3 75	18 50
"HOSPITAL QUININE," 4 grs.	4 50	22 25
"HOSPITAL QUININE," 5 grs.	6 00	29 75
Quinidia, Sulphate, 1 gr.	80	3 75
Quinidia, Sulphate, 2 grs.	1 50	7 25
Quinidia, Sulphate, 3 grs.	2 20	10 75
Chinoidine, ¼ and 1 gr.	60	2 75
Chinoidine, 3 grs.	75	3 50
CINCHONA BARK ALKALOIDS.	2 00	9 75
Quiniæ Sulph., 1-2 gr. / Quinidiæ Sulph., 1-2 gr. / Cinchoniæ Sulph., 1-2 gr. / Cinchonidiæ Sulph., 1-2 gr.		
Cinchonia, Sulphate, 3 grs.	1 00	4 75
Cinchonidia, Sulphate, 1 gr.	60	2 75
Cinchonidia, Sulphate, 2 grs.	1 00	4 75
Cinchonidia, Sulphate, 3 grs.	1 50	7 25
Cinchonidia, Sulphate, 5 grs.	2 50	12 25

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Lecturer on Diseases of Throat and Lungs.

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E. A. CHAPOTON, M.D.,
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PRELIMINARY SESSION opens Wednesday, September 4th, 1878, and continues one month. The Clinics are held and the Lectures delivered by the Professors of the regular Faculty, and in the same order and frequency as during the Winter Term. Opportunity is given to dissect or work in the Chemical and Physiological Laboratories.

The REGULAR SESSION opens Wednesday, October 2d, 1878, and continues five months. During this term all the branches of *General Medicine and Surgery*, both scientific and practical, are taught with care and thoroughness. All students are daily examined on the subjects of the lectures and on their dissecting and laboratory work.

Senior students have *daily practice* in the *art of examining patients*, in forming their own diagnosis, prognosis and treatment. As this is done under the direction of the professor holding each clinic, and in the presence of the class, it constitutes an invaluable course of training.

The RECITATION SESSION begins second Wednesday in March, 1879, and continues four months. Daily during this term there will be held a lecture, recitation and one or two clinics. The lectures will be upon special subjects of medical or surgical interest.

The recitations will embrace the general subjects of the Regular Session, viz., Anatomy, Surgery Midwifery, Diseases of Women, Physiology, Practice of Medicine, Materia Medica and Chemistry.

Though the Recitation and Preliminary Sessions are optional, it is hoped that all who can will avail themselves of their manifest advantages in supplementing the regular winter course.

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All lectures are delivered on Hospital grounds. The *peculiar feature* of this school is the *intimate union* between its *laboratory, clinical* and *didactic* instruction.

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4. SCIENTIFIC NEWS, marriages, deaths, etc.

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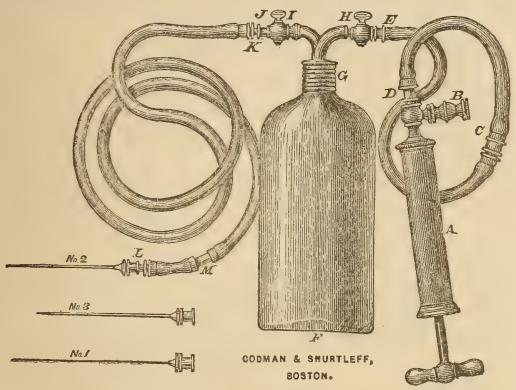

Fig. 77.

Fig. 68.

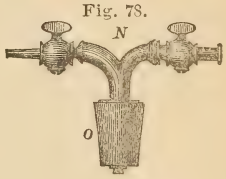

Fig. 78.

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MEDICINE AND SURGERY.

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Our "Hospital Quinine" Pills are made as set forth in our circular of March 27th, which we reprint for the information of those who may not have seen it before.

With the assurance to the trade and medical profession, that we will always manufacture our preparations, as we have in the past, in **perfect good faith,** that we will use the best materials obtainable, increasing our knowledge by every means in our power, for examining and testing all ingredients and perfecting our business, we remain,

Very respectfully, **McKESSON & ROBBINS.**

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Gentlemen:—Having been requested by you to make an assay of the alkaloids contained in your Gelatine-Coated Quinine Pills, I purchased an original vial, containing 100 2 grain pills, in the store of Mr. Theodore Cole, 409 First Avenue, New York. Each ten of these pills weighed very nearly 84 grains, and the weight of the single pills is very uniform, varying but slightly either way from 3.4 grains. The whole number of pills, (100,) yielded 148.385 grains of anhydrous alkaloid, which was found to be **pure, White Quinia,** free from other cinchona alkaloids. This amount of dry Quinia corresponds to **203.8** grains of **Sulphate of Quinia,** containing 8 molecules of water of crystallization ($2\ C_{20}\ H_{24}\ N_2\ O_2 — H_2\ SO_4 — 8\ H_2\ O$); or to **201.7** grains of **Sulphate of Quinia,** containing 7½ molecules of water of crystallization ($2\ C_{20}\ H_{24}\ N_2\ O_2 — H_2\ SO_4 — 7½\ H_2\ O$), which latter is, as near as possible, the formula of the commercial pure Sulphate of Quinia. The amount of Sulphate of Quinia contained in the 100 pills examined, is therefore a trifle **in excess** of the required quantity, (3.8 grains, or 1.7 grain, according to whatever formula may be adopted for the crystallized salt).

Respectfully CHARLES RICE,
Chemist, Bellevue Hospital, N. Y."

NEW YORK, MARCH 30th, 1878.

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NEW YORK, APRIL 13th, 1878.

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Circular of March 27th, 1878.

Since we changed, last fall, from Unbleached to Bleached Quinine in the manufacture of our Pills, we have heard from a large number of druggists and physicians stating that the therapeutical effects of the dark pills were better than the "bleached," dose for dose, where a tonic was indicated, and the antiperiodic effects of the former were as well marked. We made the change because we were disappointed in obtaining a uniform article of unbleached Quinine, were deceived in two shipments we received and the analyses of samples from the same package we submitted to different highly reputable chemists varied surprisingly, in fact, analysing Quinine *quantitively* is very difficult, as it depends very largely upon the different solubilities of the alkaloids in water, while the *qualitative* analysis is very simple and reliable.

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"HOSPITAL QUININE," 1 gr.	1 40	6 75	CINCHONA BARK ALKALOIDS.	2 00	9 75
"HOSPITAL QUININE," 1½ grs.	1 90	9 25	Quiniæ Sulph., 1-2 gr. / Quinidiæ Sulph., 1-2 gr. / Cinchoniæ Sulph., 1-2 gr. / Cinchonidiæ Sulph., 1-2 gr.		
"HOSPITAL QUININE," 2 grs.	2 50	12 25			
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"HOSPITAL QUININE," 4 grs.	4 50	22 25	Cinchonia, Sulphate, 3 grs.	1 00	4 75
"HOSPITAL QUININE," 5 grs.	6 00	29 75	Cinchonidia, Sulphate, 1 gr.	60	2 75
Quinidia, Sulphate, 1 gr.	80	3 75	Cinchonidia, Sulphate, 2 grs.	1 00	4 75
Quinidia, Sulphate, 2 grs.	1 50	7 25	Cinchonidia, Sulphate, 3 grs.	1 50	7 25
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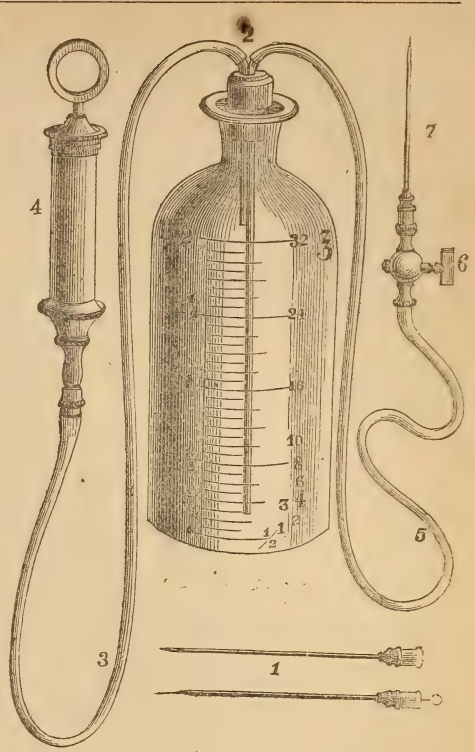

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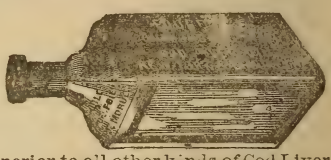

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Alcoholic Extract Belladonna, U. S. P......2,571
Allen's English Extract.....1,411
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This article has met with unprecedented success, and has been emphatically pronounced by our most skillful General and Orthopædic Surgeons, as "the best Surgeons' Adhesive Plaster known." It is applied without heat or moisture, conforms quickly to the parts; is perfectly flexible and waterproof, and is ready for use at any moment. It is free from irritating properties and very healing. In counter-extension it has no equal, as it does not move or slide after being applied. Our India-rubber Adhesive Plaster is also spread on twilled linen, which resists the most powerful strain. In addition to these general improvements, the plaster being impervious to water, wounds can be cleansed without removing the plaster, obviating the necessity of constant redressing, saving labor and time. **Whenever continued powerful adhesion is required, it should be procured in porous form.**

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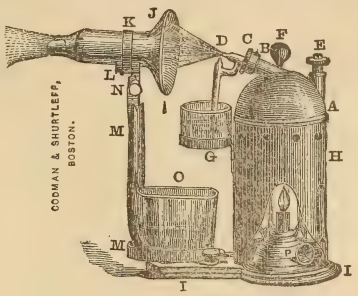

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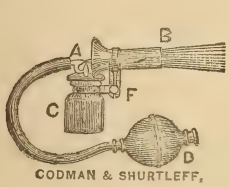

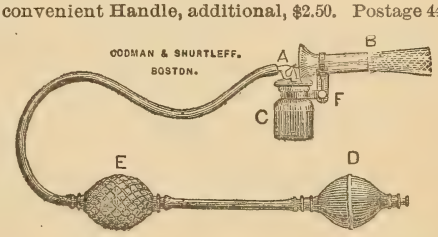

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(See Transactions of American Medical Association, for 1876, page 176.)

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PROFESSORS.

JOSEPH PANCOAST, M.D., General, Descriptive and Surgical Anatomy (*Emeritus*).
SAMUEL D. GROSS, M.D., LL.D., D.C.L. Oxon., Institutes and Practice of Surgery.
ELLERSLIE WALLACE, M.D., Obstetrics and Diseases of Women and Children.
JOHN B. BIDDLE, M.D., Materia Medica and General Therapeutics.
J. AITKEN MEIGS, M.D., Institutes of Medicine and Medical Jurisprudence.
J. M. DA COSTA, M.D., Practice of Medicine.
WILLIAM H. PANCOAST, M.D., General, Descriptive and Surgical Anatomy.
ROBERT E. RODGERS, M.D., Medical Chemistry and Toxicology.

Continuous Instruction is given throughout the year (with the exception of the months of July and August), which is free to the matriculates of the Winter Session. The following special subjects are taught during the Preliminary Course in September:—

Medical Jurisprudence, by Professor Meigs.

Dermatology and Syphilitic Diseases, by Dr. F. F. Maury, one of the Surgeons to the Philadelphia Hospital.

Pathological Anatomy, by Dr. Longstreth, Pathologist to the Pennsylvania Hospital.

Operative Surgery, with Operations on the Cadaver, by Dr. John H. Brinton, one of the Surgeons to the Philadelphia Hospital.

Diseases of the Urino-Genital Organs, by Dr. S. W. Gross, one of the Surgeons to the Philadelphia Hospital.

Ophthalmology is treated both clinically and didactically during the entire course, by Dr. William Thomson, one of the Surgeons to the Wills Ophthalmic Hospital.

Laryngoscopy, with Diseases of the Throat, by Dr. J. Solis-Cohen.

The Demonstrator of Surgery, Dr. J. Ewing Mears, delivers a distinct course of *Demonstrations of Surgery,* with illustrations on the Cadaver, during the entire session.

Practical Chemistry, with Qualitative and Quantitative Analysis, the Examination of Normal and Abnormal Products, and Manipulation by the student himself, is taught by the Professor of Chemistry, assisted by the Demonstrator, G. M. Ward, M.D.

Practical Anatomy and Morbid Anatomy.—For the study of Practical Anatomy a full supply of material is furnished, free of charge. The anatomical rooms are spacious and provided with every convenience, and not only are subjects for dissection to be had without expense, but there are no incidental or extra charges of any kind. Demonstrator of Anatomy, T. H. Andrews, M.D.

Bedside Instruction is furnished to advanced students. The practical use of the laryngoscope is taught to all candidates for graduation, in classes of convenient size, at the College Hospital, by J. Solis-Cohen, and the use of the ophthalmoscope, by Dr. W. Thomson.

Laboratory Instruction is at the disposal of all the members of the class in the Chemical and Physiological Laboratories, and Practical Instruction in the use of the Microscope is also given.

Post-Mortem Examinations.—During the past winter opportunity was afforded to the graduating class of being present in sections, at autopsies, by Dr. Morris Longstreth, Pathologist to the Jefferson Medical College Hospital and to the Pennsylvania Hospital; and these facilities will be continued during the ensuing session.

The New Hospital of the Jefferson Medical College, which was begun in November, 1875, is now completed and in operation. It is situated immediately west of the College, fronting on Sansom Street, and is bounded on three sides by streets, and by a wide private passage way on the fourth side. It is 107 feet square, five stories in height, and is designed for the easy accommodation of 125 patients. In connection with the Hospital is the Out-door or Dispensary Department, which furnishes much valuable material for clinical instruction. The amphitheatre, provided for Clinical Lectures, is probably the largest and most convenient in the United States, and will seat more than six hundred students. The most approved appliances for heating, ventilation, etc., have been provided, and in architectural construction, and all desirable conveniences, this hospital will be found at least equal to any American clinical hospital. Daily Clinical Lectures are given at the hospital, through the entire year, by members of the Faculty and by the hospital staff, which is constituted as follows:—

Surgeons:
JOHN H. BRINTON, M.D.,
F. F. MAURY, M.D.,
S. W. GROSS, M.D.,
R. J. LEVIS, M.D.

Ophthalmic Surgeon:
WILLIAM THOMSON, M.D.

Aural Surgeon:
L. TURNBULL, M.D.

Physicians:
J. SOLIS-COHEN, M.D.,
JAMES C. WILSON, M.D.,
JOHN B. ROBERTS, M.D.,
OLIVER P. REX, M.D.

Gynæcologists:
F. H. GETCHELL, M.D.,
J. EWING MEARS, M.D.,

Pathologist:
MORRIS LONGSTRETH, M.D.

A Summer Course of Supplementary Lectures is given, beginning 17th March, 1879, and extended through the months of April, May, and June. There is no additional charge for this Course to matriculates of the College, except a registration fee of five dollars; non-matriculates pay thirty-five dollars, which is, however, credited on the amount of fees paid for the ensuing winter course.

FEES.

For a Full Course	$140 00
Matriculation Fee (paid once only)	5 00
Graduation Fee	30 00

Students who have attended two full courses on Materia Medica, Institutes, Anatomy, or Chemistry, may be examined on any of these branches at the end of their second course.

The Annual Announcement will be sent, on application to

1116-1122eow1123, 1124, 1126 J. B. BIDDLE, M.D., Dean.

Bellevue Hospital Medical College,

CITY OF NEW YORK.

MEMBER OF THE AMERICAN MEDICAL COLLEGE ASSOCIATION.

SESSIONS OF 1878-'79.

THE COLLEGIATE YEAR in this Institution embraces a preliminary Autumnal Term, the Regular Winter Session, and a Spring Session.

THE PRELIMINARY AUTUMNAL TERM for 1878-1879, will open on Wednesday, September 18, 1878, and continue until the opening of the Regular Session. During this term, instruction, consisting of didactic lectures upon special subjects and daily clinical lectures, will be given, as heretofore, by the entire Faculty. Students expecting to attend the Regular Session are strongly recommended to attend the Preliminary Term, but attendance during the latter is not required. *During the Preliminary Term, clinical and didactic lectures will be given in precisely the same number and order as in the Regular Session.*

THE REGULAR SESSION will begin on Wednesday, Oct. 2, 1878, and end about the 1st of March, 1879.

FACULTY.

ISAAC E. TAYLOR, M. D.,
Emeritus Professor of Obstetrics and Diseases of Women, and President of the Faculty.

JAMES R. WOOD, M. D., LL. D.,
Emeritus Professor of Surgery.

FORDYCE BARKER, M. D.,
Professor of Clinical Midwifery and Diseases of Women.

AUSTIN FLINT, M. D.,
Professor of the Principles and Practice of Medicine and Clinical Medicine.

W. H. VAN BUREN, M. D.,
Professor of Principles and Practice of Surgery, Diseases of Genito-Urinary System, and Clinical Surgery.

LEWIS A. SAYRE, M. D.,
Professor of Orthopedic Surgery and Clinical Surgery.

ALEXANDER B. MOTT, M. D.,
Professor of Clinical and Operative Surgery.

WILLIAM T. LUSK, M. D.,
Professor of Obstetrics and Diseases of Women and Children, and Clinical Midwifery.

WILLIAM M. POLK, M. D.,
Professor of Materia Medica and Therapeutics, and Clinical Medicine.

AUSTIN FLINT, JR., M. D.,
Professor of Physiology and Physiological Anatomy, and Secretary of the Faculty.

JOSEPH D. BRYANT, M. D.,
Professor of General, Descriptive, and Surgical Anatomy.

R. OGDEN DOREMUS, M. D., LL. D.,
Professor of Chemistry and Toxicology.

EDWARD G. JANEWAY, M. D.,
Professor of Pathological Anatomy and Histology, Diseases of the Nervous System, and Clinical Medicine.

PROFESSORS OF SPECIAL DEPARTMENTS, ETC.

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Professor of Ophthalmology and Otology.

JOHN P. GRAY, M. D., LL. D.,
Professor of Psychological Medicine and Medical Jurisprudence.

ERSKINE MASON, M. D.,
Clinical Professor of Surgery.

EDWARD L. KEYES, M. D.,
Professor of Dermatology, and Adjunct to the Chair of Principles of Surgery.

J. LEWIS SMITH, M. D.,
Clinical Professor of Diseases of Children.

LEROY MILTON YALE, M. D.,
Lecturer Adjunct upon Orthopedic Surgery.

A distinctive feature of the method of instruction in this College is the union of clinical and didactic teaching. All the lectures are given within the Hospital grounds. During the Regular Winter Session, in addition to four didactic lectures on every week-day, except Saturday, two or three hours are daily allotted to clinical instruction.

The Spring Session consists chiefly of Recitations from Text-books. This term continues from the first of March until the first of June. During this Session, daily recitations in all the departments are held by a corps of examiners appointed by the Faculty. Regular clinics are also given in the Hospital and the College building.

FEES FOR THE REGULAR SESSION.

Fees for Tickets to all the Lectures during the Preliminary and Regular Term, including Clinical Lectures,	$140.00
Matriculation Fee	5.00
Demonstrator's Ticket (including material for dissection)	10.00
Graduation Fee	30.00

FEES FOR THE SPRING SESSION.

Matriculation (Ticket good for the following Winter)	$5.00
Recitations, Clinics, and Lectures	35.00
Dissection (Ticket good for the following Winter)	10.00

☞ Students who have attended two full Winter courses of lectures may be examined at the end of their second course, upon Materia Medica, Physiology, Anatomy, and Chemistry, and, if successful, they will be examined at the end of their third course upon Practice of Medicine, Surgery, and Obstetrics only.

For the Annual Circular and Catalogue, giving regulations for graduation and other information, address Prof. AUSTIN FLINT, Jr., Secretary, Bellevue Hospital Medical College.

THE CHICAGO MEDICAL JOURNAL AND EXAMINER.

(ESTABLISHED 1844.)

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Clinical instruction is given in the Woman's Hospital, Pennsylvania, Wills, Philadelphia, and Orthopædic Hospitals.

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The regular Winter Session for 1878-79 will commence on Tuesday, October 1, 1878, and continue five months, in the new and commodious college building, on Twelfth Street, below Arch. The size and equipment of the rooms in this building will enable the Faculty to offer the Dental student the advantages accruing from lecture-rooms with high ceilings and comfortable seatings, clinical rooms with an abundance of light, well-furnished laboratories, mechanical and chemical, and a large and well-lighted and well-ventilated dissecting room. For further information, address

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Messrs. KEASBEY & MATTISON:— PHILADELPHIA, September 21, 1877.

Gentlemen:—I have used a large number of your preparations for several years past with great satisfaction, and am happy to commend them to others from what I know both of your drugs and of yourselves.

Very truly yours, W. W. KEEN, M. D.

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A heaping teaspoonful, containing ONE GRAIN of Citrate of Caffeine, should be given in sick headache, every hour or two before and during the paroxysms.

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Truly yours, THOMAS G. MORTON, M. D.

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In the effervescent form this chemical is administered in a peculiarly advantageous manner. Its association with Carbonic Acid renders it much less liable to disturb the stomach, while in strength it is greatly superior to Lithia Water. A valuable diuretic and lithontriptic, its importance in the treatment of rheumatic, gouty, and analogous disorders can scarcely be over-estimated.

We have doubled the strength of this preparation, each drachm or heaping teaspoonful containing FOUR GRAINS of the chemically pure salt.

Messrs. KEASBEY & MATTISON:— PHILADELPHIA, September 25, 1877.

Gentlemen:—I have employed your Extract of Malt and Infants' Food, in a large number of cases, much to my own satisfaction, and to the benefit of the patient. The Infants' Food I regard as especially useful in cases of Infants requiring artificial food from any cause. Yours, etc., W. B. ATKINSON, M. D., *Sec. American Med. Asso.*

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Analyses of Sulphate of Quinine Pills.

As we have repeatedly notified the trade, our Sulphate of Quinine Pills are made of Bleached Quinine and contain the correct amount of Quiniæ Sulphas, as represented on the label.

We submit below three analyses of our Sulphate of Quinine Pills obtained at different druggists; the first was made by Mr. Chas. Rice, of New York, one of the editors of the "*New Remedies*," and chemist of Department Public Charities and Correction of New York City, who is well known both personally and by reputation by a large number of physicians and druggists throughout the country. The other two analyses are by Dr. Polenske, former assistant of Prof. Sonnenshein, of Berlin, and now our own analytical chemist.

Our "Hospital Quinine" Pills are made as set forth in our circular of March 27th, which we reprint for the information of those who may not have seen it before.

With the assurance to the trade and medical profession, that we will always manufacture our preparations, as we have in the past, in **perfect good faith,** that we will use the best materials obtainable, increasing our knowledge by every means in our power, for examining and testing all ingredients and perfecting our business, we remain,

Very respectfully, **McKESSON & ROBBINS.**

NEW YORK, APRIL 17th, 1878.

"MESSRS. McKESSON & ROBBINS,

Gentlemen:—Having been requested by you to make an assay of the alkaloids contained in your Gelatine-Coated Quinine Pills, I purchased an original vial, containing 100 2 grain pills, in the store of Mr. Theodore Cole, 409 First Avenue, New York. Each ten of these pills weighed very nearly 34 grains, and the weight of the single pills is very uniform, varying but slightly either way from 3.4 grains. The whole number of pills, (100,) yielded 148.385 grains of anhydrous alkaloid, which was found to be **pure, White Quinia,** free from other cinchona alkaloids. This amount of dry Quinia corresponds to **203.8** grains of **Sulphate of Quinia,** containing 8 molecules of water of crystallization ($2\,C_{20}\,H_{24}\,N_2\,O_2 — H_2\,SO_4 — 8\,H_2\,O$); or to **201.7** grains of **Sulphate of Quinia,** containing 7½ molecules of water of crystallization ($2\,C_{20}\,H_{24}\,N_2\,O_2 — H_2\,SO_4 — 7\frac{1}{2}\,H_2\,O$), which latter is, as near as possible, the formula of the commercial pure Sulphate of Quinia. The amount of Sulphate of Quinia contained in the 100 pills examined, is therefore a trifle **in excess** of the required quantity, (3.8 grains, or 1.7 grain, according to whatever formula may be adopted for the crystallized salt).

Respectfully CHARLES RICE,
Chemist, Bellevue Hospital, N. Y."

NEW YORK, MARCH 30th, 1878.

"I have analyzed McKesson & Robbins' Gelatine-Coated 5 grs. Sulphate of Quinine Pills, from an original bottle of one hundred, and find that in two analyses of 10 pills each, the result in both cases was 51 grains of pure Sulphate of Quinine.

ED. POLENSKE, Ph. D."

NEW YORK, APRIL 13th, 1878.

"One hundred McKesson & Robbins' Gelatine-Coated 2 grs. Sulphate of Quinine Pills, analyzed by me to-day, contained 198 grains of Sulphate of Quinine. The Sulphate of Quinine obtained from these pills stood the Ether test, as laid down in the U. S. Ph.

ED. POLENSKE, Ph. D."

Circular of March 27th, 1878.

Since we changed, last fall, from Unbleached to Bleached Quinine in the manufacture of our Pills, we have heard from a large number of druggists and physicians stating that the therapeutical effects of the dark pills were better than the "bleached," dose for dose, where a tonic was indicated, and the antiperiodic effects of the former were as well marked. We made the change because we were disappointed in obtaining a uniform article of unbleached Quinine, were deceived in two shipments we received and the analyses of samples from the same package we submitted to different highly reputable chemists varied surprisingly, in fact, analysing Quinine *quantitively* is very difficult, as it depends very largely upon the different solubilities of the alkaloids in water, while the *qualitative* analysis is very simple and reliable.

The curative properties of the other alkaloids of Cinchona Barks have been well attested and the effect of the **combined alkaloids** has been repeatedly asserted to be greater than that of any **one alone.**

In view of these facts, we accordingly propose to offer Pills made of Hospital Quinine, which differs from that which has been known and understood as "unbleached," in the process of manufacture and in the proportion of Quinine. This Hospital Quinine will contain about 50 per cent. of Quinine Sulphate, and the balance, Cinchonidia Sulphate and traces of Quinidia Sulphate; the Cinchonia Sulphate, being less powerful than the other alkaloids is separated.

These pills on account of their lower price will relieve a difficulty, to which a large number of people living in malarious districts have been subjected—the inability to purchase Quinine Pills on account of price, especially when scarcity causes sudden and great advances, as at present—at the same time we believe that confidence may be felt or experiencing equal relief with similar doses.

We will continue, as now, to make our "Quinine Pills" of bleached Quinine, and the white color will readily identify them from our darker Hospital Quinines, which will be labelled "Hospital Quinine." The list of Hospital Quinine Pills we submit below is subject to same discount as our other pills, and will be reduced as soon as the market on Quinine will allow. We call special attention to our Pills of Cinchona Bark Alkaloids, which contain a definite quantity of each of the four alkaloids, one-half grain each Sulphates Quinia, Quinidia, Cinchonia and Cinchonidia.

We annex below list of our Pills of other Cinchona Alkaloids, and remain, soliciting your correspondence and valued orders, Yours respectfully,

March 27th, 1878. McKESSON & ROBBINS.

Pills of "HOSPITAL QUININE" and the Cheaper Alkaloids.

"HOSPITAL QUININE," ¼ gr.	70	3 25	Chinoidine, ¼ and 1 gr.	60	2 75
"HOSPITAL QUININE," ½ gr.	85	4 00	Chinoidine, 3 grs.	75	3 50
"HOSPITAL QUININE," 1 gr.	1 40	6 75	CINCHONA BARK ALKALOIDS.	2 00	9 75
"HOSPITAL QUININE," 1½ grs.	1 90	9 25	Quiniæ Sulph., 1-2 gr. Quinidiæ Sulph., 1-2 gr. Cinchoniæ Sulph., 1-2 gr. Cinchonidiæ Sulph., 1-2 gr.		
"HOSPITAL QUININE," 2 grs.	2 50	12 25			
"HOSPITAL QUININE," 3 grs.	3 75	18 50			
"HOSPITAL QUININE," 4 grs.	4 50	22 25			
"HOSPITAL QUININE," 5 grs.	6 00	29 75			
Quinidia, Sulphate, 1 gr.	80	3 75	Cinchonia, Sulphate, 3 grs.	1 00	4 75
Quinidia, Sulphate, 2 grs.	1 50	7 25	Cinchonidia, Sulphate, 1 gr.	60	2 75
Quinidia, Sulphate, 3 grs.	2 20	10 75	Cinchonidia, Sulphate, 2 grs.	1 00	4 75
			Cinchonidia, Sulphate, 3 grs.	1 50	7 25
			Cinchonidia, Sulphate, 5 grs.	2 50	12 25

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SESSIONS OF 1878-79.

FACULTY.

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N. W. WEBBER, M.D.,
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LEARTUS CONNOR, M.D., Secretary,
Professor of Physiology and Lecturer on Diseases of the Eye and Ear.

RECITATION SESSION.

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Lecturer on Genito-Urinary System and Rectum.

DANIEL LA FERTE, M.D.,
(Demonstrator of Anatomy) and Lecturer on Orthopedic Surgery and Tumors.

J. G. JOHNSON, M.D.,
Lecturer on Diseases of Mind and Nervous System.

J. H. CARSTENS, M.D.,
Lecturer on Differential Diagnosis.

E. L. SHURLY, M.D.,
Lecturer on Diseases of Throat and Lungs.

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JAS. D. MUNSON, M.D.,
Demonstrator of Practical Physiology.

E. A. CHAPOTON, M.D.,
Demonstrator of Practical Microscopy.

The Collegiate Year is divided into three sessions.

PRELIMINARY SESSION opens Wednesday, September 4th, 1878, and continues one month. The Clinics are held and the Lectures delivered by the Professors of the regular Faculty, and in the same order and frequency as during the Winter Term. Opportunity is given to dissect or work in the Chemical and Physiological Laboratories.

The REGULAR SESSION opens Wednesday, October 2d, 1878, and continues five months. During this term all the branches of *General Medicine and Surgery*, both scientific and practical, are taught with care and thoroughness. All students are daily examined on the subjects of the lectures and on their dissecting and laboratory work.

Senior students have *daily practice* in the *art of examining patients*, in forming their own diagnosis, prognosis and treatment. As this is done under the direction of the professor holding each clinic, and in the presence of the class, it constitutes an invaluable course of training.

The RECITATION SESSION begins second Wednesday in March, 1879, and continues four months. Daily during this term there will be held a lecture, recitation and one or two clinics. The lectures will be upon special subjects of medical or surgical interest.

The recitations will embrace the general subjects of the Regular Session, viz., Anatomy, Surgery, Midwifery, Diseases of Women, Physiology, Practice of Medicine, Materia Medica and Chemistry.

Though the Recitation and Preliminary Sessions are optional, it is hoped that all who can will avail themselves of their manifest advantages in supplementing the regular winter course.

Three Hospitals—Harper's, St. Mary's and St. Luke's—with two large free dispensaries, afford an abundance of clinical material for illustrative and practical teaching.

All lectures are delivered on Hospital grounds. The *peculiar feature* of this school is the *intimate union* between its *laboratory, clinical* and *didactic* instruction.

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JOHN A. THACKER, M.D. Professor of Principles and Practice of Medicine and Clinical Medicine.
JACOB TRUSH, M.D., Professor of Obstetrics and Clinical Professor of Dermatology.
CHAUNCEY R. STUNTZ, A.M. M.D., Professor of Chemistry and Toxicology.
WILLIAM ADAM ROTHACKER, M. D. Professor of Anatomy and Clinical Professor of Venereal Diseases.
JOSEPH AUB, M.D. Professor of Diseases of the Eye and Ear and Clinical Ophthalmology and Otology.
ASA BRAINARD ISHAM, M.D. Professor of Physiology.
JOSHUA W. UNDERHILL, M.D. Lecturer on Medical Jurisprudence.
BERNARD TAUBER, M.D. Lecturer on Laryngology.
W. A. ROTHACKER, M.D. Demonstrator of Anatomy.

THEODORE MARTIN WITTKAMP, M.D. Assistant to Chair of Diseases of Women and Children.
JOHN M. SHALLER, M.D. Assistant to Chair of Principles and Practice of Medicine.
EDWIN WALKER ELDRIDGE. Assistant to Chair of Obstetrics and Dermatology.
SAMUEL C. CHORLTON, M.D. Assistant to Chair of Surgery.

CONRAD STUMPMEYER, Janitor, College Building.

The next Regular Session opens October 2d, 1878, and continues until the latter part of February, 1879. There will be a Preliminary Course, commencing September 4th, 1878. Students are urged to attend this course, as special instruction is given on subjects which cannot be so fully treated during the regular session.

FEES:

General Ticket	$40.00
Matriculation Ticket	5.00
Demonstrator's Ticket (including material)	10.00
Hospital Ticket	5.00
Graduation Fee	25.00

For further information or circulars address:—

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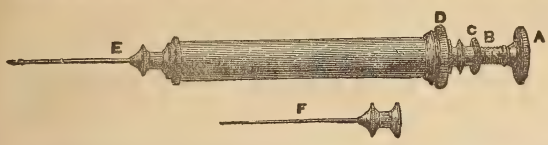


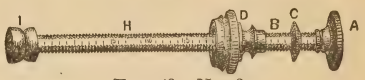


FIG. 48.—No. 2.

These cuts (two-thirds the actual size) represent a New Hypodermic Syringe of our Manufacture. With the exception of the needles, it is of German Silver, a material chosen as possessing, next to steel, the greatest rigidity and durability, while free from liability to oxydation. The barrel is formed by a process peculiar to ourselves, securing uniformity of calibre without soldered joint or seam. It is plated inside and outside with nickel. The piston is packed in the double parachute form, with leather prepared expressly for the purpose. It will be found to retain its elasticity, to operate smoothly, to resist all tendency of fluid to pass above, as of air below it. A nicely-engraved scale upon the piston-rod indicates minims, thirty being the capacity of the syringe.

Syringes Nos. 2, 3, and 4 have also a screw thread upon the piston-rod, and a traverse nut, thereby favoring the utmost nicety in the graduation of doses.

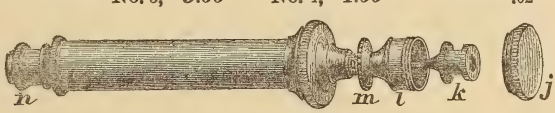
No. 3, Compact, has hollow piston-rod to receive one needle, also a protecting cover and fluid retainer; it may be carried in the Pocket Instrument or Vial Case, or without any case.

No. 4, Compact, is like No. 3, with the addition of a second needle, carried upon the syringe in the usual place, protected by a metal shield.

Nos. 1 and 2 are put up in neat morocco-covered case, with vial.

Two sizes of needles are furnished with each instrument, Nos. 1, 2, and 4; one only with No. 3. They are of refined steel, carefully tempered, and thoroughly plated with gold; they are of small diameter and large relative calibre, sharpened to such an angle as will offer least resistance to penetration, and therefore cause least pain. At the point of union with the socket they are reinforced with an outer covering of German silver, thereby overcoming the tendency to become broken at this place. They are connected with the barrels by a screw thread.

Prices: No. 1, *$4.00* No. 2, *$4.50* Postage, .03
" No. 3, *3.00* No. 4, *4.00* " .02



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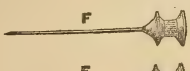
No. 7 or No. 9, with two steel unplated needles, either	*2.50*	.02
No. 10, glass, Luer's (French), graduation as No. 9, one gold needle and two steel needles, silver mountings, neat velvet-lined morocco case	*12.00*	.02

No. 11, glass cylinder, fenestrated, nickel-plated metal mounting (see cut).



No. 11.

		Postage.
As represented in the cut, the glass cylinder is encased in a metal mounting, fenestrated to show the graduations for minims. The instrument may readily be taken apart for cleaning, and for those who prefer glass, is recommended for its non-liability to breakage. Price, with two best steel gilt needles, in a neat case	*$3.50*	.02

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The Malt from which it is made is obtained by carefully malting the very best quality of selected Toronto Canada Barley. The extract is prepared by an *improved process*, which prevents injury to its properties or flavor by excess of heat. **It represents the soluble constituents of Malt and Hops**, viz: MALT SUGAR, DEXTRINE, DIASTASE, RESIN and BITTER of HOPS, PHOSPHATES of LIME and MAGNESIA, and ALKALINE SALTS.

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SESSIONS OF 1878-'79.

THE COLLEGIATE YEAR in this Institution embraces a preliminary Autumnal Term, the Regular Winter Session, and a Spring Session.

THE PRELIMINARY AUTUMNAL TERM for 1878-1879, will open on Wednesday, September 18, 1878, and continue until the opening of the Regular Session. During this term, instruction, consisting of didactic lectures upon special subjects and daily clinical lectures, will be given, as heretofore, by the entire Faculty. Students expecting to attend the Regular Session are strongly recommended to attend the Preliminary Term, but attendance during the latter is not required. *During the Preliminary Term, clinical and didactic lectures will be given in precisely the same number and order as in the Regular Session.*

THE REGULAR SESSION will begin on Wednesday, Oct. 2, 1878, and end about the 1st of March, 1879.

FACULTY.

ISAAC E. TAYLOR, M. D.,
Emeritus Professor of Obstetrics and Diseases of Women, and President of the Faculty.

JAMES R. WOOD, M. D., LL. D.,
Emeritus Professor of Surgery.

FORDYCE BARKER, M. D.,
Professor of Clinical Midwifery and Diseases of Women.

AUSTIN FLINT, M. D.,
Professor of the Principles and Practice of Medicine and Clinical Medicine.

W. H. VAN BUREN, M. D.,
Professor of Principles and Practice of Surgery, Diseases of Genito-Urinary System, and Clinical Surgery.

LEWIS A. SAYRE, M. D.,
Professor of Orthopedic Surgery and Clinical Surgery.

ALEXANDER B. MOTT, M. D.,
Professor of Clinical and Operative Surgery.

WILLIAM T. LUSK, M. D.,
Professor of Obstetrics and Diseases of Women and Children, and Clinical Midwifery.

WILLIAM M. POLK, M. D.,
Professor of Materia Medica and Therapeutics, and Clinical Medicine.

AUSTIN FLINT, JR., M. D.,
Professor of Physiology and Physiological Anatomy, and Secretary of the Faculty.

JOSEPH D. BRYANT, M. D.,
Professor of General, Descriptive, and Surgical Anatomy.

R. OGDEN DOREMUS, M. D., LL. D.,
Professor of Chemistry and Toxicology.

EDWARD G. JANEWAY, M. D.,
Professor of Pathological Anatomy and Histology, Diseases of the Nervous System, and Clinical Medicine.

PROFESSORS OF SPECIAL DEPARTMENTS, ETC.

HENRY D. NOYES, M. D.,
Professor of Ophthalmology and Otology.

JOHN P. GRAY, M. D., LL. D.,
Professor of Psychological Medicine and Medical Jurisprudence.

ERSKINE MASON, M. D.,
Clinical Professor of Surgery.

EDWARD L. KEYES, M. D.,
Professor of Dermatology, and Adjunct to the Chair of Principles of Surgery.

J. LEWIS SMITH, M. D.,
Clinical Professor of Diseases of Children.

LEROY MILTON YALE, M. D.,
Lecturer Adjunct upon Orthopedic Surgery.

A distinctive feature of the method of instruction in this College is the union of clinical and didactic teaching. All the lectures are given within the Hospital grounds. During the Regular Winter Session, in addition to four didactic lectures on every week-day, except Saturday, two or three hours are daily allotted to clinical instruction.

The Spring Session consists chiefly of Recitations from Text-books. This term continues from the first of March until the first of June. During this Session, daily recitations in all the departments are held by a corps of examiners appointed by the Faculty. Regular clinics are also given in the Hospital and the College building.

FEES FOR THE REGULAR SESSION.

Fees for Tickets to all the Lectures during the Preliminary and Regular Term, including Clinical Lectures,	$140.00
Matriculation Fee	5.00
Demonstrator's Ticket (including material for dissection)	10.00
Graduation Fee	30.00

FEES FOR THE SPRING SESSION.

Matriculation (Ticket good for the following Winter)	$5.00
Recitations, Clinics, and Lectures	35.00
Dissection (Ticket good for the following Winter)	10.00

☞ Students who have attended two full Winter courses of lectures may be examined at the end of their second course, upon Materia Medica, Physiology, Anatomy, and Chemistry, and, if successful, they will be examined at the end of their third course upon Practice of Medicine, Surgery, and Obstetrics only.

For the Annual Circular and Catalogue, giving regulations for graduation and other information, address Prof. AUSTIN FLINT, Jr., Secretary, Bellevue Hospital Medical College.

THE ST. LOUIS
MEDICAL AND SURGICAL JOURNAL.

ESTABLISHED IN 1843.—PUBLISHED MONTHLY.

THOS. F. RUMBOLD, M.D., Editor and Proprietor; HIRAM CHRISTOPHER, M.D., Associate Editor.

The Journal will hereafter be published in Two Volumes, beginning with January and July.

Each Number will contain 80 or more pages, making each Volume about 500 pages, or nearl 1000 pages for the year's subscription.

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THE JOURNAL WILL CONTAIN:

1. Original Contributions. 2. Translations from the German, French and Spanish. 3. Reports of Medical Societies. 4. Clinical Reports from Private Practice. 5. Clinical Reports from Hospital Practice. 6. Selections from Current Medical and Scientific Literature. 7. Editorials. 8. Obituary Notices of Prominent Men. 9. Reviews of Medical and Scientific Books. 10. Notices of Books and Pamphlets Received. 11. News Items. 12. Meteorological Observations taken in St. Louis. 13. Mortality Report of the City of St. Louis. 14. Comparative Mortality Rates of the ten largest cities in the United States.

The Translations from the German, French and Spanish medical and scientific journals, will be from those articles which contain the *advance* views of the medical and scientific men living in those countries.

The Journal will contain a full Report of the Proceedings of the St. Louis Medical Society, and a summary of all the societies in Missouri, and of many in Illinois and other States, thus placing before its readers the latest views and experiences of the profession in all the Departments of Medicine, practical as well as theoretical.

It will be the aim of the editors, in all respects, to maintain the high and honorable position it has so long held. No personalities shall ever soil its pages; when discussions cannot be carried on without these, space in its columns will be declined.

Contributions of Original Articles on both Medical and Scientific subjects are invited from all parts of the country.

Articles on the following subjects will appear in the present volume :—

Contributions on Fractures. By John T. Hodgen, M.D., Professor of Surgical Anatomy, Fractures and Dislocations in St. Louis Medical College.

Contributions on Syphilis. By Thomas Kennard, M.D., of St. Louis.

Contributions on Lithotomy. By David Prince, M.D., of Jacksonville, Illinois.

Contributions on Genito-Urethral and Rectal Surgery. By W. Hutson Ford, M.D., of St. Louis.

Contributions on the Present State of Pathology of Phthisis Pulmonalis. A series of papers. By J. Hilgard Tyndale, M.D., of New York City.

Contributions on Genesis. A series of papers. By the Associate Editor.

Contributions on Urinary and Renal Diseases. By John Bryson, M.D., of St. Louis.

Contributions on Medical Experts as Witnesses. By Fred. T. Ledergerber, Esq., of St. Louis.

Contributions on Nasal, Pharyngeal, Aural, Laryngeal and Bronchial Diseases. By the Editor.

From the above it will be seen that it is not the intention of the editors to confine the Journal to subjects relating to Medicine and Surgery alone; subjects collateral to these will receive attention, and such are invited from the profession. The departments of science are so closely connected as to make it almost impossible for a Physician or Surgeon to be proficient as such, without considerable knowledge of kindred branches.

Communications and all Subscriptions should be addressed to THE EDITOR, 1225 Washington Avenue, St. Louis, Mo.

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113th ANNUAL SESSION, 1878–79.

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For particulars, see ANNOUNCEMENT, for which address

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Secretary,

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The experience of this Asylum, for the past ten years, indicates an increasing usefulness and necessity for such institutions, and the original intention of making this an Asylum Hospital, where this disorder may be thoroughly understood and treated on broad scientific principles is nearer realized than ever before. All rules are strictly enforced, and no patient permitted to go beyond the Asylum grounds without permission from the Superintendent, or in the care of an attendant.

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Boylston Medical Prize Questions.

The Boylston Medical Committee, appointed by the President and Fellows of Harvard University, consists of the following Physicians:—

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D. H. STORER, M.D.,
MORRILL WYMAN, M.D.,
HENRY J. BIGELOW, M.D.,
RICHARD M. HODGES, M.D.,
CALVIN ELLIS, M.D.,
SAMUEL CABOT, M.D.

At the annual meeting, held June 10, 1878, it was voted that no dissertation worthy of a prize had been offered on either of the subjects proposed for 1878.

The following are the questions proposed for 1879:

I. The relation of Animal Contact to the disease known as Hydrophobia.

II. Evidence showing that so-called "filth diseases" are not dependent upon "filth."

The author of a dissertation considered worthy of a prize, on either of the subjects proposed for 1879, will be entitled to a premium of Two Hundred Dollars.

Dissertations on the above subjects must be transmitted, postpaid, to J. B. S. Jackson, M.D., Boston, *on or before the first Wednesday in April*, 1879.

The following are the questions proposed for 1880:

I. Antiseptic Treatment. What are its essential details? How are they best carried out in practical form?

II. Diphtheria. Its causes, diagnosis, and treatment.

The author of a dissertation considered worthy of a prize, on either of the subjects proposed for 1880, will be entitled to a premium of One Hundred and Fifty Dollars.

Dissertations on these subjects must be transmitted as above, on or before the first Wednesday in April, 1880.

Each dissertation must be accompanied by a sealed packet, on which shall be written some device or sentence, and within which shall be enclosed the author's name and residence. The same device or sentence is to be written on the dissertation to which the packet is attached.

The writer of each dissertation is expected to transmit his communication to the President of the Committee, J. B. S. Jackson, M.D., in a distinct and plain handwriting, *and with the pages bound in book form*, within the time specified.

Any clew by which the authorship of a dissertation is made known to the Committee will debar such dissertation from competition.

Preference will be given to dissertations which exhibit original work.

All unsuccessful dissertations are deposited with the Secretary, from whom they may be obtained, with the sealed packet unopened, if called for within one year after they have been received.

By an order adopted in 1826, the Secretary was directed to publish annually the following votes:—

1st. That the Board do not consider themselves as approving the doctrines contained in any of the dissertations to which premiums may be adjudged.

2d. That in case of publication of a successful dissertation, the author be considered as bound to print the above vote in connection therewith.

RICHARD M. HODGES, M.D., *Sec., Boston, Mass.*

Publishers of Newspapers and Medical Journals throughout the country are respectfully requested o notice the above. 1117-1119eow

CINCINNATI

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Messrs. KEASBEY & MATTISON: PHILADELPHIA, September 25, 1877.

Gentlemen:—I have employed your Extract of Malt and Infant's Food in a large number of cases, much to my own satisfaction and to the benefit of the patient. The Infant's Food I regard as especially useful in cases of infants requiring artificial food, from any cause.

Yours, etc., W. B. ATKINSON, *Secretary American Medical Association.*

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Analyses of Sulphate of Quinine Pills.

As we have repeatedly notified the trade, our Sulphate of Quinine Pills are made of Bleached Quinine and contain the correct amount of Quiniæ Sulphas, as represented on the label.

We submit below three analyses of our Sulphate of Quinine Pills obtained at different druggists; the first was made by Mr. Chas. Rice, of New York, one of the editors of the "*New Remedies*," and chemist of Department Public Charities and Correction of New York City, who is well known both personally and by reputation by a large number of physicians and druggists throughout the country. The other two analyses are by Dr. Polenske, former assistant of Prof. Sonnenshein, of Berlin, and now our own analytical chemist.

Our "Hospital Quinine" Pills are made as set forth in our circular of March 27th, which we reprint for the information of those who may not have seen it before.

With the assurance to the trade and medical profession, that we will always manufacture our preparations, as we have in the past, in **perfect good faith,** that we will use the best materials obtainable, increasing our knowledge by every means in our power, for examining and testing all ingredients and perfecting our business, we remain,

Very respectfully, **McKESSON & ROBBINS.**

NEW YORK, APRIL 17th, 1878.

"MESSRS. McKESSON & ROBBINS,

Gentlemen:—Having been requested by you to make an assay of the alkaloids contained in your Gelatine-Coated Quinine Pills, I purchased an original vial, containing 100 2 grain pills, in the store of Mr. Theodore Cole, 409 First Avenue, New York. Each ten of these pills weighed very nearly 34 grains, and the weight of the single pills is very uniform, varying but slightly either way from 3.4 grains. The whole number of pills, (100,) yielded 148.385 grains of anhydrous alkaloid, which was found to be **pure, White Quinia,** free from other cinchona alkaloids. This amount of dry Quinia corresponds to **203.8** grains of **Sulphate of Quinia,** containing 8 molecules of water of crystallization ($2\ C_{20}\ H_{24}\ N_2\ O_2 — H_2\ SO_4 — 8\ H_2\ O$); or to **201.7** grains of **Sulphate of Quinia,** containing 7½ molecules of water of crystallization ($2\ C_{20}\ H_{24}\ N_2\ O_2 — H_2\ SO_4 — 7½\ H_2\ O$), which latter is, as near as possible, the formula of the commercial pure Sulphate of Quinia. The amount of Sulphate of Quinia contained in the 100 pills examined, is therefore a trifle **in excess** of the required quantity, (3.8 grains, or 1.7 grain, according to whatever formula may be adopted for the crystallized salt).

Respectfully CHARLES RICE,
Chemist, Bellevue Hospital, N. Y."

NEW YORK, MARCH 30th, 1878.

"I have analyzed McKesson & Robbins' Gelatine-Coated 5 grs. Sulphate of Quinine Pills, from an original bottle of one hundred, and find that in two analyses of 10 pills each, the result in both cases was 51 grains of pure Sulphate of Quinine.

ED. POLENSKE, Ph. D."

NEW YORK, APRIL 13th, 1878.

"One hundred McKesson & Robbins' Gelatine-Coated 2 grs. Sulphate of Quinine Pills, analyzed by me to-day, contained 198 grains of Sulphate of Quinine. The Sulphate of Quinine obtained from these pills stood the Ether test, as laid down in the U. S. Ph.

ED. POLENSKE, Ph. D."

Circular of March 27th, 1878.

Since we changed, last fall, from Unbleached to Bleached Quinine in the manufacture of our Pills, we have heard from a large number of druggists and physicians stating that the therapeutical effects of the dark pills were better than the "bleached," dose for dose, where a tonic was indicated, and the antiperiodic effects of the former were as well marked. We made the change because we were disappointed in obtaining a uniform article of unbleached Quinine, were deceived in two shipments we received and the analyses of samples from the same package we submitted to different highly reputable chemists varied surprisingly, in fact, analysing Quinine *quantitively* is very difficult, as it depends very largely upon the different solubilities of the alkaloids in water, while the *qualitative* analysis is very simple and reliable.

The curative properties of the other alkaloids of Cinchona Barks have been well attested and the effect of the **combined alkaloids** has been repeatedly asserted to be greater than that of any **one alone.**

In view of these facts, we accordingly propose to offer Pills made of Hospital Quinine, which differs from that which has been known and understood as "unbleached," in the process of manufacture and in the proportion of Quinine. This Hospital Quinine will contain about 50 per cent. of Quinine Sulphate, and the balance, Cinchonidia Sulphate and traces of Quinidia Sulphate; the Cinchonia Sulphate, being less powerful than the other alkaloids is separated.

These pills on account of their lower price will relieve a difficulty, to which a large number of people living in malarious districts have been subjected—the inability to purchase Quinine Pills on account of price, especially when scarcity causes sudden and great advances, as at present—at the same time we believe that confidence may be felt on experiencing equal relief with similar doses.

We will continue, as now, to make our "Quinine Pills" of bleached Quinine, and the white color will readily identify them from our darker Hospital Quinines, which will be labelled "Hospital Quinine." The list of Hospital Quinine Pills we submit below is subject to same discount as our other pills, and will be reduced as soon as the market on Quinine will allow. We call special attention to our Pills of Cinchona Bark Alkaloids, which contain a definite quantity of each of the four alkaloids, one-half grain each Sulphates Quinia, Quinidia, Cinchonia and Cinchonidia.

We annex below list of our Pills of other Cinchona Alkaloids, and remain, soliciting your correspondence and valued orders, Yours respectfully,

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Pills of "HOSPITAL QUININE" and the Cheaper Alkaloids.

"HOSPITAL QUININE," ¼ gr.	70	3 25
"HOSPITAL QUININE," ½ gr.	85	4 00
"HOSPITAL QUININE," 1 gr.	1 40	6 75
"HOSPITAL QUININE," 1½ grs.	1 90	9 25
"HOSPITAL QUININE," 2 grs.	2 50	12 25
"HOSPITAL QUININE," 3 grs.	3 75	18 50
"HOSPITAL QUININE," 4 grs.	4 50	22 25
"HOSPITAL QUININE," 5 grs.	6 00	29 75
Quinidia, Sulphate, 1 gr.	80	3 75
Quinidia, Sulphate, 2 grs.	1 50	7 25
Quinidia, Sulphate, 3 grs.	2 20	10 75
Chinoidine, ¼ and 1 gr.	60	2 75
Chinoidine, 3 grs.	75	3 50
CINCHONA BARK ALKALOIDS.	2 00	9 75
{ Quiniæ Sulph., 1-2 gr. Quinidiæ Sulph., 1-2 gr. Cinchoniæ Sulph., 1-2 gr. Cinchonidiæ Sulph., 1-2 gr. }		
Cinchonia, Sulphate, 3 grs.	1 00	4 75
Cinchonidia, Sulphate, 1 gr.	60	2 75
Cinchonidia, Sulphate, 2 grs.	1 00	4 75
Cinchonidia, Sulphate, 3 grs.	1 50	7 25
Cinchonidia, Sulphate, 5 grs.	2 50	12 25

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DETROIT MEDICAL COLLEGE.

SESSIONS OF 1878-79.

FACULTY.

PRELIMINARY AND REGULAR SESSIONS.

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GEORGE P. ANDREWS, M.D.,
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ALBERT B. LYONS, M.D.,
Professor of Chemistry and Toxicology.

THEODORE A. McGRAW, M.D., Treasurer,
Professor of Principles and Practice of Surgery and Clinical Surgery.

C. B. GILBERT, M.D.,
Professor of Materia Medica, Therapeutics and Clinical Diseases of Children.

N. W. WEBBER, M.D.,
Professor of General and Descriptive Anatomy and Clinical Surgery.

LEARTUS CONNOR, M.D., Secretary,
Professor of Physiology and Lecturer on Diseases of the Eye and Ear.

RECITATION SESSION.

H. O. WALKER, M.D.,
Lecturer on Genito-Urinary System and Rectum.

DANIEL LA FERTE, M.D.,
(Demonstrator of Anatomy) and Lecturer on Orthopedic Surgery and Tumors.

J. G. JOHNSON, M.D.,
Lecturer on Diseases of Mind and Nervous System.

J. H. CARSTENS, M.D.,
Lecturer on Differential Diagnosis.

E. L. SHURLY, M.D.,
Lecturer on Diseases of Throat and Lungs.

F. A. SPALDING, M.D.,
Lecturer on Diseases of the Skin.

C. C. YEMANS, M.D.,
Lecturer on Chemistry.

JAS. D. MUNSON, M.D.,
Demonstrator of Practical Physiology.

E. A. CHAPOTON, M.D.,
Demonstrator of Practical Microscopy.

The Collegiate Year is divided into three sessions.

PRELIMINARY SESSION opens Wednesday, September 4th, 1878, and continues one month. The Clinics are held and the Lectures delivered by the Professors of the regular Faculty, and in the same order and frequency as during the Winter Term. Opportunity is given to dissect or work in the Chemical and Physiological Laboratories.

The REGULAR SESSION opens Wednesday, October 2d, 1878, and continues five months. During this term all the branches of *General Medicine and Surgery*, both scientific and practical, are taught with care and thoroughness. All students are daily examined on the subjects of the lectures and on their dissecting and laboratory work.

Senior students have *daily practice* in the *art of examining patients*, in forming their own diagnosis, prognosis and treatment. As this is done under the direction of the professor holding each clinic, and in the presence of the class, it constitutes an invaluable course of training.

The RECITATION SESSION begins second Wednesday in March, 1879, and continues four months. Daily during this term there will be held a lecture, recitation and one or two clinics. The lectures will be upon special subjects of medical or surgical interest.

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COLUMBUS, OHIO.

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They are recommended for the utmost accuracy of composition, and their perfect preservation.

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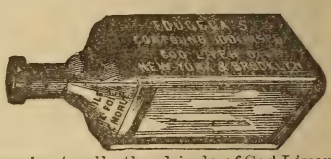

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Sugar of Milk.....40 ounces.	Veg. Ptyalin or Diastase.....4 drachms.
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Allen's English Extract.....1,411
Herring's English Extract.....1,179

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This article has met with unprecedented success, and has been emphatically pronounced by our most skillful General and Orthopædic Surgeons, as "the best Surgeons' Adhesive Plaster known." It is applied without heat or moisture, conforms quickly to the parts; is perfectly flexible and waterproof, and is ready for use at any moment. It is free from irritating properties and very healing. In counter-extension it has no equal, as it does not move or slide after being applied. Our India-rubber Adhesive Plaster is also spread on twilled linen, which resists the most powerful strain. In addition to these general improvements, the plaster being impervious to water, wounds can be cleansed without removing the plaster, obviating the necessity of constant redressing, saving labor and time. **Whenever continued powerful adhesion is required, it should be procured in porous form.**

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This article has a splendid reputation; its characteristic action is not impaired by age in any climate. The whole fly is incorporated, which, by constant manipulation is thoroughly and beautifully combined with the plaster. **Its properties are developed quicker, and it blisters in less time than the cerate.** It never fails to blister when used as directed. In addition to its superior efficacy as a vesicant, we incorporate a sufficient quantity of Camphor, which, with the Olive Oil used on the face of the plaster, **prevents Strangury.** This improvement will be appreciated by every practitioner. It is more reliable than any known cantharidal preparation.

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Recently this article has crept into favor with our most esteemed physicians, and judging from results, it is doubtless the best rubefacient known. It has the specific action of mustard without its objections. The characteristic action of Capsicum is uniformly maintained from twenty-four to forty-eight hours, without blistering, being mild, continuous, and stimulating. This plaster is spread in rubber combination and in porous form. Experience has taught practitioners that the Oleo Resin of Capsicum is too violent, frequently vesicating; we incorporate the crude drug in sufficient quantity, without risk to the patient. Our Capsicum Plasters will be found more practical for general use than the **so-called Mustard or Capsicum Papers.**

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"It is always possible, owing to Aspiration, to search for a fluid collection without any danger, whatever may be its seat or its nature."

"I have thrust these needles into almost every part of the body; into the Joints, the Liver, the Spleen, the Bladder, the Intestines, the Lungs and the Meninges; and I can affirm, and a great number of observers affirm with me, that we have never seen consecutive accidents."—*Dieulafoy on Pneumatic Aspiration*, pp. 21, 24.

We invite the attention of the Medical Profession to this New Apparatus for Aspiration, constructed upon the general plan of Potain's modification of Dieulafoy's Aspirator, but containing the following improvements and inventions of our own:—

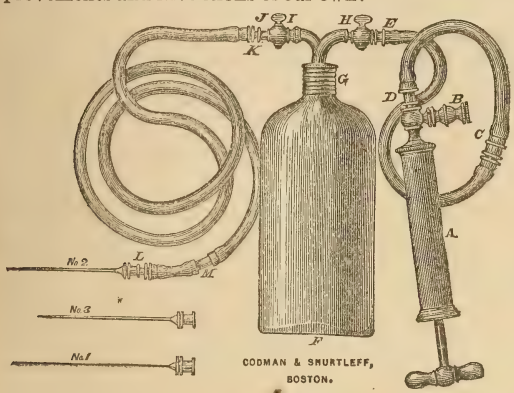
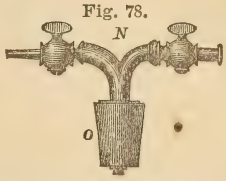


Fig. 68.

Fig. 78.



The Stopper and Cocks supplied with Apparatus No. 2.

Fig. 77.

1st. Means of changing the pump from an exhaust to a force-pump, and *vice versa*, thereby enabling the operator not only to draw an abnormal fluid, but to inject the cavity through the tubes and needle of the apparatus with one adapted to induce healthy action.—*See Dieulafoy on Aspiration*, pp. 276, 278.

2d. The employment, in our apparatus No. 1, of a metal Screw Cap, fitting the neck of the receiver supplied with this apparatus so securely that it cannot be forced from its place by condensed air while injecting, or accidentally removed while the receiver is in a state of vacuum for aspiration

3d. The substitution, for the ordinary oiled silk valves of other apparatus, of a kind indestructible, both in form and material.

4th. A simple and comparatively inexpensive attachment for evacuating the contents of the stomach, equal, if not superior, to any in use hitherto.

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In his work on Pneumatic Aspiration, Dieulafoy shows the harmlessness of the Aspiratory puncture, and its great superiority to the Exploring Trocar as a means of accurate diagnosis in all collections of Pathological Fluids. It has been used with unprecedented success in the Retention of Urine, Reduction of Strangulated Hernia, in Ascites, Hydrothorax, Empyema, Pneumothorax, Effusions into the Pericardium, Serous, Purulent and Hematic Effusions of the Knee, Hydrocele, Hydatid Cysts, Abscesses of the Liver, and in various other Pathological Lesions.

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No. 4. Stomach Attachment, as described, adapted to pump accompanying Nos. 1 and 2, additional..... 6 00

The foregoing are the product of our own factory, and are warranted in every respect.

Also, **Dieulafoy on Pneumatic Aspiration,** post-paid, by mail, on receipt of..... 3 40

☞ *Full description on application.*

An illustrated Catalogue of Surgical Instruments, also a New Pamphlet on Atomization of Liquids, with description of Improved Apparatus and Formulæ of Remedies successfully employed, will be forwarded, post-paid, on application.

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N. B.—See our other advertisement in alternate numbers of the REPORTER. 1088-1139eow

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The Trommer Extract of Malt Company guarantee to the Medical Profession the excellent quality and absolute reliability of their Extract of Malt. and all its combinations.

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FIRST PROPOSED BY DR. F. H. DAVIS, OF CHICAGO,

(See Transactions of American Medical Association, for 1876, page 176.)

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Extract of Malt,

WITH COD-LIVER OIL AND IODIDE OF IRON

added in the proportion of one grain to the dose. This combination is intended to meet those cases where the physician desires to add a more energetic alterative and restorative to the treatment with Cod-liver Oil and Extract of Malt. The manufacturers have received numerous letters from prominent physicians, referring to it in terms of high praise.

1090-1115eow

JEFFERSON MEDICAL COLLEGE,

PHILADELPHIA.

The Fifty-fourth Session of the Jefferson Medical College will begin on Tuesday, October 1, 1878, and will continue until March 1st, 1879. Preliminary Lectures will be held from Monday 2d September.

PROFESSORS.

JOSEPH PANCOAST, M.D., General, Descriptive and Surgical Anatomy (*Emeritus*).
SAMUEL D. GROSS, M.D., LL.D., D.C.L. Oxon., Institutes and Practice of Surgery.
ELLERSLIE WALLACE, M.D., Obstetrics and Diseases of Women and Children.
JOHN B. BIDDLE, M.D., Materia Medica and General Therapeutics.
J. AITKEN MEIGS, M.D., Institutes of Medicine and Medical Jurisprudence.
J. M. DA COSTA, M.D., Practice of Medicine.
WILLIAM H. PANCOAST, M.D., General, Descriptive and Surgical Anatomy.
ROBERT E. RODGERS, M.D., Medical Chemistry and Toxicology.

Continuous Instruction is given throughout the year (with the exception of the months of July and August), which is free to the matriculates of the Winter Session. The following special subjects are taught during the Preliminary Course in September:—

Medical Jurisprudence, by Professor Meigs.

Dermatology and Syphilitic Diseases, by Dr. F. F. Maury, one of the Surgeons to the Philadelphia Hospital.

Pathological Anatomy, by Dr. Longstreth, Pathologist to the Pennsylvania Hospital.

Operative Surgery, with Operations on the Cadaver, by Dr. John H. Brinton, one of the Surgeons to the Philadelphia Hospital.

Diseases of the Urino-Genital Organs, by Dr. S. W. Gross, one of the Surgeons to the Philadelphia Hospital.

Ophthalmology is treated both clinically and didactically during the entire course, by Dr. William Thomson, one of the Surgeons to the Wills Ophthalmic Hospital.

Laryngoscopy, with Diseases of the Throat, by Dr. J. Solis-Cohen.

The Demonstrator of Surgery, Dr. J. Ewing Mears, delivers a distinct course of *Demonstrations of Surgery,* with illustrations on the Cadaver, during the entire session.

Practical Chemistry, with Qualitative and Quantitative Analysis, the Examination of Normal and Abnormal Products, and Manipulation by the student himself, is taught by the Professor of Chemistry, assisted by the Demonstrator, G. M. Ward, M.D.

Practical Anatomy and Morbid Anatomy.—For the study of Practical Anatomy a full supply of material is furnished, free of charge. The anatomical rooms are spacious and provided with every convenience, and not only are subjects for dissection to be had without expense, but there are no incidental or extra charges of any kind. Demonstrator of Anatomy, T. H. Andrews, M.D.

Bedside Instruction is furnished to advanced students. The practical use of the laryngoscope is taught to all candidates for graduation, in classes of convenient size, at the College Hospital, by J. Solis-Cohen, and the use of the ophthalmoscope, by Dr. W. Thomson.

Laboratory Instruction is at the disposal of all the members of the class in the Chemical and Physiological Laboratories, and Practical Instruction in the use of the Microscope is also given.

Post-Mortem Examinations.—During the past winter opportunity was afforded to the graduating class of being present in sections, at autopsies, by Dr. Morris Longstreth, Pathologist to the Jefferson Medical College Hospital and to the Pennsylvania Hospital; and these facilities will be continued during the ensuing session.

The New Hospital of the Jefferson Medical College, which was begun in November, 1875, is now completed and in operation. It is situated immediately west of the College, fronting on Sansom Street, and is bounded on three sides by streets, and by a wide private passage way on the fourth side. It is 107 feet square, five stories in height, and is designed for the easy accommodation of 125 patients. In connection with the Hospital is the Out-door or Dispensary Department, which furnishes much valuable material for clinical instruction. The amphitheatre, provided for Clinical Lectures, is probably the largest and most convenient in the United States, and will seat more than six hundred students. The most approved appliances for heating, ventilation, etc., have been provided, and in architectural construction, and all desirable conveniences, this hospital will be found at least equal to any American clinical hospital. Daily Clinical Lectures are given at the hospital, through the entire year, by members of the Faculty and by the hospital staff, which is constituted as follows:—

Surgeons:
JOHN H. BRINTON, M.D.,
F. F. MAURY, M.D.,
S. W. GROSS, M.D.,
R. J. LEVIS, M.D.

Ophthalmic Surgeon:
WILLIAM THOMSON, M.D.

Aural Surgeon:
L. TURNBULL, M.D.

Physicians:
J. SOLIS-COHEN, M.D.,
JAMES C. WILSON, M.D.,
JOHN B. ROBERTS, M.D.,
OLIVER P. REX, M.D.

Gynæcologists:
F. H. GETCHELL, M.D.,
J. EWING MEARS, M.D.,

Pathologist:
MORRIS LONGSTRETH, M.D.

A Summer Course of Supplementary Lectures is given, beginning 17th March, 1879, and extended through the months of April, May, and June. There is no additional charge for this Course to matriculates of the College, except a registration fee of five dollars; non-matriculates pay thirty-five dollars, which is, however, credited on the amount of fees paid for the ensuing winter course.

FEES.

For a Full Course	$140 00
Matriculation Fee (paid once only)	5 00
Graduation Fee	30 00

Students who have attended two full courses on Materia Medica, Institutes, Anatomy, or Chemistry, may be examined on any of these branches at the end of their second course.

The Annual Announcement will be sent, on application to

1116-1122eow1123, 1124, 1126 J. B. BIDDLE, M.D., Dean.

Bellevue Hospital Medical College,

CITY OF NEW YORK.

MEMBER OF THE AMERICAN MEDICAL COLLEGE ASSOCIATION.

SESSIONS OF 1878-'79.

THE COLLEGIATE YEAR in this Institution embraces a preliminary Autumnal Term, the Regular Winter Session, and a Spring Session.

THE PRELIMINARY AUTUMNAL TERM for 1878-1879, will open on Wednesday, September 18, 1878, and continue until the opening of the Regular Session. During this term, instruction, consisting of didactic lectures upon special subjects and daily clinical lectures, will be given, as heretofore, by the entire Faculty. Students expecting to attend the Regular Session are strongly recommended to attend the Preliminary Term, but attendance during the latter is not required. *During the Preliminary Term, clinical and didactic lectures will be given in precisely the same number and order as in the Regular Session.*

THE REGULAR SESSION will begin on Wednesday, Oct. 2, 1878, and end about the 1st of March, 1879.

FACULTY.

ISAAC E. TAYLOR, M. D.,
Emeritus Professor of Obstetrics and Diseases of Women, and President of the Faculty.

JAMES R. WOOD, M. D., LL. D.,
Emeritus Professor of Surgery.

FORDYCE BARKER, M. D.,
Professor of Clinical Midwifery and Diseases of Women.

AUSTIN FLINT, M. D.,
Professor of the Principles and Practice of Medicine and Clinical Medicine.

W. H. VAN BUREN, M. D.,
Professor of Principles and Practice of Surgery, Diseases of Genito-Urinary System, and Clinical Surgery.

LEWIS A. SAYRE, M. D.,
Professor of Orthopedic Surgery and Clinical Surgery.

ALEXANDER B. MOTT, M. D.,
Professor of Clinical and Operative Surgery.

WILLIAM T. LUSK, M. D.,
Professor of Obstetrics and Diseases of Women and Children, and Clinical Midwifery.

WILLIAM M. POLK, M. D.,
Professor of Materia Medica and Therapeutics, and Clinical Medicine.

AUSTIN FLINT, JR., M. D.,
Professor of Physiology and Physiological Anatomy, and Secretary of the Faculty.

JOSEPH D. BRYANT, M. D.,
Professor of General, Descriptive, and Surgical Anatomy.

R. OGDEN DOREMUS, M. D., LL. D.,
Professor of Chemistry and Toxicology.

EDWARD G. JANEWAY, M. D.,
Professor of Pathological Anatomy and Histology, Diseases of the Nervous System, and Clinical Medicine.

PROFESSORS OF SPECIAL DEPARTMENTS, ETC.

HENRY D. NOYES, M. D.,
Professor of Ophthalmology and Otology.

JOHN P. GRAY, M. D., LL. D.,
Professor of Psychological Medicine and Medical Jurisprudence.

ERSKINE MASON, M. D.,
Clinical Professor of Surgery.

EDWARD L. KEYES, M. D.,
Professor of Dermatology, and Adjunct to the Chair of Principles of Surgery.

J. LEWIS SMITH, M. D.,
Clinical Professor of Diseases of Children.

LEROY MILTON YALE, M. D.,
Lecturer Adjunct upon Orthopedic Surgery.

A distinctive feature of the method of instruction in this College is the union of clinical and didactic teaching. All the lectures are given within the Hospital grounds. During the Regular Winter Session, in addition to four didactic lectures on every week-day, except Saturday, two or three hours are daily allotted to clinical instruction.

The Spring Session consists chiefly of Recitations from Text-books. This term continues from the first of March until the first of June. During this Session, daily recitations in all the departments are held by a corps of examiners appointed by the Faculty. Regular clinics are also given in the Hospital and the College building.

FEES FOR THE REGULAR SESSION.

Fees for Tickets to all the Lectures during the Preliminary and Regular Term, including Clinical Lectures,	$140.00
Matriculation Fee	5.00
Demonstrator's Ticket (including material for dissection)	10.00
Graduation Fee	30.00

FEES FOR THE SPRING SESSION.

Matriculation (Ticket good for the following Winter)	$5.00
Recitations, Clinics, and Lectures	35.00
Dissection (Ticket good for the following Winter)	10.00

☞ Students who have attended two full Winter courses of lectures may be examined at the end of their second course, upon Materia Medica, Physiology, Anatomy, and Chemistry, and, if successful, they will be examined at the end of their third course upon Practice of Medicine, Surgery, and Obstetrics only.

For the Annual Circular and Catalogue, giving regulations for graduation and other information, address Prof. AUSTIN FLINT, Jr., Secretary, Bellevue Hospital Medical College.

MIAMI MEDICAL COLLEGE,
OF CINCINNATI.

The next Session will begin October 3, 1878, with Preliminary Course from September 15th. The College is well supplied with means for demonstrative teaching, having large Museums, a Student's Laboratory, Microscopes, etc.

The Clinical advantages are superior, two large Dispensaries being under the exclusive care of the Faculty, and daily Lectures in the largest Hospital of the West.

FEES, $45.

The Recitation Course will commence March 15, 1879.

FACULTY—John A. Murphy, M.D., Dean; Wm. H. Mussey, M.D., E. Williams, M.D., Wm. Clendenin, M.D., Wm. H. Taylor, M.D., T. H. Kearney, M.D., J. C. Mackenzie, M.D., J. B. Hough, M.D., Wm. B. Davis, M.D., Byron Stanton, M.D.

For Circulars, etc., address *JOHN A. MURPHY, M.D., Dean, 163 West Seventh St., or*
1112-m4t *WM. H. TAYLOR, M.D., Secretary, 329 West Seventh St.*

THE CHICAGO MEDICAL JOURNAL AND EXAMINER.

(ESTABLISHED 1844.)

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PEPSIN, BISMUTH & STRYCHNIA.
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We again offer this preparation confidently to the profession. It has, for four years, enjoyed an extensive prescription among the most eminent of our practitioners. Its use has been attended with the most marked success, perhaps, of any of the various remedies recommended in dyspepsia, gastralgia, and kindred disorders. Its association with Carbonic Acid renders it palatable, and causes it to be retained by the most sensitive stomach. It is the only soluble form in which Pepsin and Bismuth should be ever given together, and is FIVE TIMES THE PEPSIN STRENGTH of the various elixirs, wines, liquors, etc., of the market. In reference to its reliability, we refer to the most prominent physicians in all sections of this country, who will very generally be found to be using it in their practice.

Always prescribe the GRANULATED EFFERVESCENT form, and always specify the "K. & M." Preparation.

Each drachm or heaping teaspoonful contains FIVE GRAINS Saccharated Pepsin, two grains soluble Citrate of Bismuth, and one-fiftieth grain Citrate of Strychnia.

Messrs. KEASBEY & MATTISON:— PHILADELPHIA, September 21, 1877.

Gentlemen:—I have used a large number of your preparations for several years past with great satisfaction, and am happy to commend them to others from what I know both of your drugs and of yourselves.

Very truly yours, W. W. KEEN, M. D.

K. & M.
GRANULATED EFFERVESCENT
CITRATE CAFFEINE.
ORIGINATED BY KEASBEY & MATTISON.

The recent extensive employment of this salt as a remedy, amounting almost to a specific in cases of sick headache, and its use in nervous diseases generally, have caused us to place it upon our list. Its value is much enhanced by its administration with Carbonic Acid, so agreeably and efficiently produced by this form.

A heaping teaspoonful, containing ONE GRAIN of Citrate of Caffeine, should be given in sick headache, every hour or two before and during the paroxysms.

Messrs. KEASBEY & MATTISON:— PHILADELPHIA, September 27, 1877.

Gentlemen:—It gives me pleasure to add my testimony in regard to your preparations, which I have used for a long time; they are thoroughly reliable.

Truly yours, THOMAS G. MORTON, M. D.

K. & M.
GRANULATED EFFERVESCENT
CITRATE LITHIA.

In the effervescent form this chemical is administered in a peculiarly advantageous manner. Its association with Carbonic Acid renders it much less liable to disturb the stomach, while in strength it is greatly superior to Lithia Water. A valuable diuretic and lithontriptic, its importance in the treatment of rheumatic, gouty, and analogous disorders can scarcely be over-estimated.

We have doubled the strength of this preparation, each drachm or heaping teaspoonful containing FOUR GRAINS of the chemically pure salt.

Messrs. KEASBEY & MATTISON:— PHILADELPHIA, September 25, 1877.

Gentlemen:—I have employed your Extract of Malt and Infants' Food, in a large number of cases, much to my own satisfaction, and to the benefit of the patient. The Infants' Food I regard as especially useful in cases of Infants requiring artificial food from any cause. Yours, etc., W. B. ATKINSON, M. D., *Sec. American Med. Asso.*

K. & M.
GRANULATED EFFERVESCENT PREPARATIONS
of Magnesium Citrate, Potassium Bicarb., Citrate Benzoate, and Bromide; Lithium Benzoate and Carbonate; Cerium Nitrate and Oxalate; Bismuth Citrate (SOLUBLE), Pepsin, and Bismuth; Pepsin, Bismuth, and Iron, etc., etc., etc.; also the following:—

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MINERAL WATER SALTS.
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ALWAYS SPECIFY "K. & M." GRANULATED EFFERVESCENT SALTS.

Analyses of Sulphate of Quinine Pills.

As we have repeatedly notified the trade, our Sulphate of Quinine Pills are made of Bleached Quinine and contain the correct amount of Quiniæ Sulphas, as represented on the label.

We submit below three analyses of our Sulphate of Quinine Pills obtained at different druggists; the first was made by Mr. Chas. Rice, of New York, one of the editors of the "*New Remedies*," and chemist of Department Public Charities and Correction of New York City, who is well known both personally and by reputation by a large number of physicians and druggists throughout the country. The other two analyses are by Dr. Polenske, former assistant of Prof. Sonnenshein, of Berlin, and now our own analytical chemist.

Our "Hospital Quinine" Pills are made as set forth in our circular of March 27th, which we reprint for the information of those who may not have seen it before.

With the assurance to the trade and medical profession, that we will always manufacture our preparations, as we have in the past, in **perfect good faith,** that we will use the best materials obtainable, increasing our knowledge by every means in our power, for examining and testing all ingredients and perfecting our business, we remain,

Very respectfully, **McKESSON & ROBBINS.**

NEW YORK, APRIL 17th, 1878.

"MESSRS. McKESSON & ROBBINS,

Gentlemen:—Having been requested by you to make an assay of the alkaloids contained in your Gelatine-Coated Quinine Pills, I purchased an original vial, containing 100 2 grain pills, in the store of Mr. Theodore Cole, 409 First Avenue, New York. Each ten of these pills weighed very nearly 34 grains, and the weight of the single pills is very uniform, varying but slightly either way from 3.4 grains. The whole number of pills, (100,) yielded 148.385 grains of anhydrous alkaloid, which was found to be **pure, White Quinia,** free from other cinchona alkaloids. This amount of dry Quinia corresponds to **203.8** grains of **Sulphate of Quinia,** containing 8 molecules of water of crystallization ($2\ C_{20}\ H_{24}\ N_2\ O_2—H_2\ SO_4—8\ H_2\ O$); or to **201.7** grains of **Sulphate of Quinia,** containing 7½ molecules of water of crystallization ($2\ C_{20}\ H_{24}\ N_2\ O_2—H_2\ SO_4—7½\ H_2\ O$), which latter is, as near as possible, the formula of the commercial pure Sulphate of Quinia. The amount of Sulphate of Quinia contained in the 100 pills examined, is therefore a trifle **in excess** of the required quantity, (3.8 grains, or 1.7 grain, according to whatever formula may be adopted for the crystallized salt).

Respectfully CHARLES RICE,
Chemist, Bellevue Hospital, N. Y."

NEW YORK, MARCH 30th, 1878.

"I have analyzed McKesson & Robbins' Gelatine-Coated 5 grs. Sulphate of Quinine Pills, from an original bottle of one hundred, and find that in two analyses of 10 pills each, the result in both cases was 51 grains of pure Sulphate of Quinine. ED. POLENSKE, Ph. D."

NEW YORK, APRIL 13th, 1878.

"One hundred McKesson & Robbins' Gelatine-Coated 2 grs. Sulphate of Quinine Pills, analyzed by me to-day, contained 198 grains of Sulphate of Quinine. The Sulphate of Quinine obtained from these pills stood the Ether test, as laid down in the U. S. Ph. ED. POLENSKE, Ph. D."

Circular of March 27th, 1878.

Since we changed, last fall, from Unbleached to Bleached Quinine in the manufacture of our Pills, we have heard from a large number of druggists and physicians stating that the therapeutical effects of the dark pills were better than the "bleached," dose for dose, where a tonic was indicated, and the antiperiodic effects of the former were as well marked. We made the change because we were disappointed in obtaining a uniform article of unbleached Quinine, were deceived in two shipments we received and the analyses of samples from the same package we submitted to different highly reputable chemists varied surprisingly, in fact, analysing Quinine *quantitively* is very difficult, as it depends very largely upon the different solubilities of the alkaloids in water, while the *qualitative* analysis is very simple and reliable.

The curative properties of the other alkaloids of Cinchona Barks have been well attested and the effect of the **combined alkaloids** has been repeatedly asserted to be greater than that of any **one alone.**

In view of these facts, we accordingly propose to offer Pills made of Hospital Quinine, which differs from that which has been known and understood as "unbleached," in the process of manufacture and in the proportion of Quinine. This Hospital Quinine will contain about 50 per cent. of Quinine Sulphate, and the balance, Cinchonidia Sulphate and traces of Quinidia Sulphate; the Cinchonia Sulphate, being less powerful than the other alkaloids is separated.

These pills on account of their lower price will relieve a difficulty, to which a large number of people living in malarious districts have been subjected—the inability to purchase Quinine Pills on account of price, especially when scarcity causes sudden and great advances, as at present—at the same time we believe that confidence may be felt of experiencing equal relief with similar doses.

We will continue, as now, to make our "Quinine Pills" of bleached Quinine, and the white color will readily identify them from our darker Hospital Quinines, which will be labelled "Hospital Quinine." The list of Hospital Quinine Pills we submit below is subject to same discount as our other pills, and will be reduced as soon as the market on Quinine will allow. We call special attention to our Pills of Cinchona Bark Alkaloids, which contain a definite quantity of each of the four alkaloids, one-half grain each Sulphates Quinia, Quinidia, Cinchonia and Cinchonidia.

We annex below list of our Pills of other Cinchona Alkaloids, and remain, soliciting your correspondence and valued orders, Yours respectfully,

March 27th, 1878. McKESSON & ROBBINS.

Pills of "HOSPITAL QUININE" and the Cheaper Alkaloids.

"HOSPITAL QUININE," ¼ gr.	70	3 25
"HOSPITAL QUININE," ½ gr.	85	4 00
"HOSPITAL QUININE," 1 gr.	1 40	6 75
"HOSPITAL QUININE," 1½ grs.	1 90	9 25
"HOSPITAL QUININE," 2 grs.	2 50	12 25
"HOSPITAL QUININE," 3 grs.	3 75	18 50
"HOSPITAL QUININE," 4 grs.	4 50	22 25
"HOSPITAL QUININE," 5 grs.	6 00	29 75
Quinidia, Sulphate, 1 gr.	80	3 75
Quinidia, Sulphate, 2 grs.	1 50	7 25
Quinidia, Sulphate, 3 grs.	2 20	10 75
Chinoidine, ¼ and 1 gr.	60	2 75
Chinoidine, 3 grs.	75	3 50
CINCHONA BARK ALKALOIDS.	2 00	9 75
Quiniæ Sulph., 1-2 gr. / Quinidiæ Sulph., 1-2 gr. / Cinchoniæ Sulph., 1-2 gr. / Cinchonidiæ Sulph., 1-2 gr.		
Cinchonia, Sulphate, 3 grs.	1 00	4 75
Cinchonidia, Sulphate, 1 gr.	60	2 75
Cinchonidia, Sulphate, 2 grs.	1 00	4 75
Cinchonidia, Sulphate, 3 grs.	1 50	7 25
Cinchonidia, Sulphate, 5 grs.	2 50	12 25

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DETROIT MEDICAL COLLEGE.

SESSIONS OF 1878-79.

FACULTY.

PRELIMINARY AND REGULAR SESSIONS.

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Professor of Medical and Surgical Diseases of Women, and Obstetrics.

GEORGE P. ANDREWS, M.D.,
Professor of Principles and Practice of Medicine and Clinical Medicine.

ALBERT B. LYONS, M.D.,
Professor of Chemistry and Toxicology.

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C. B. GILBERT, M.D.,
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N. W. WEBBER, M.D.,
Professor of General and Descriptive Anatomy and Clinical Surgery.

LEARTUS CONNOR, M.D., Secretary,
Professor of Physiology and Lecturer on Diseases of the Eye and Ear.

RECITATION SESSION.

H. O. WALKER, M.D.,
Lecturer on Genito-Urinary System and Rectum.

DANIEL LA FERTE, M.D.,
(Demonstrator of Anatomy) and Lecturer on Orthopedic Surgery and Tumors.

J. G. JOHNSON, M.D.,
Lecturer on Diseases of Mind and Nervous System.

J. H. CARSTENS, M.D.,
Lecturer on Differential Diagnosis.

E. L. SHURLY, M.D.,
Lecturer on Diseases of Throat and Lungs.

F. A. SPALDING, M.D.,
Lecturer on Diseases of the Skin.

C. C. YEMANS, M.D.,
Lecturer on Chemistry.

JAS. D. MUNSON, M.D.,
Demonstrator of Practical Physiology.

E. A. CHAPOTON, M.D.,
Demonstrator of Practical Microscopy.

The Collegiate Year is divided into three sessions.

PRELIMINARY SESSION opens Wednesday, September 4th, 1878, and continues one month. The Clinics are held and the Lectures delivered by the Professors of the regular Faculty, and in the same order and frequency as during the Winter Term. Opportunity is given to dissect or work in the Chemical and Physiological Laboratories.

The REGULAR SESSION opens Wednesday, October 2d, 1878, and continues five months. During this term all the branches of *General Medicine and Surgery*, both scientific and practical, are taught with care and thoroughness. All students are daily examined on the subjects of the lectures and on their dissecting and laboratory work.

Senior students have *daily practice* in the *art of examining patients*, in forming their own diagnosis, prognosis and treatment. As this is done under the direction of the professor holding each clinic, and in the presence of the class, it constitutes an invaluable course of training.

The RECITATION SESSION begins second Wednesday in March, 1879, and continues four months. Daily during this term there will be held a lecture, recitation and one or two clinics. The lectures will be upon special subjects of medical or surgical interest.

The recitations will embrace the general subjects of the Regular Session, viz., Anatomy, Surgery, Midwifery, Diseases of Women, Physiology, Practice of Medicine, Materia Medica and Chemistry.

Though the Recitation and Preliminary Sessions are optional, it is hoped that all who can will avail themselves of their manifest advantages in supplementing the regular winter course.

Three Hospitals—Harper's, St. Mary's and St. Luke's—with two large free dispensaries, afford an abundance of clinical material for illustrative and practical teaching.

All lectures are delivered on Hospital grounds. The *peculiar feature* of this school is the *intimate union* between its *laboratory, clinical* and *didactic* instruction.

FEES.—For Preliminary and Regular Sessions: Matriculation, $5. Hospital Fees, $10. Lecture Fees, $40. Graduation, $25. Lecture Fees to third course students, $25.

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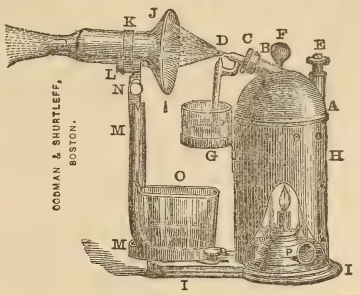

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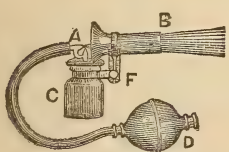

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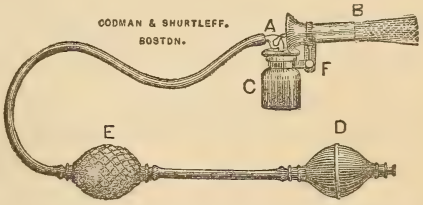

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THE REGULAR SESSION will begin on Wednesday, Oct. 2, 1878, and end about the 1st of March, 1879.

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The Spring Session consists chiefly of Recitations from Text-books. This term continues from the first of March until the first of June. During this Session, daily recitations in all the departments are held by a corps of examiners appointed by the Faculty. Regular clinics are also given in the Hospital and the College building.

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Recitations, Clinics, and Lectures	35.00
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☞ Students who have attended two full Winter courses of lectures may be examined at the end of their second course, upon Materia Medica, Physiology, Anatomy, and Chemistry, and, if successful, they will be examined at the end of their third course upon Practice of Medicine, Surgery, and Obstetrics only.

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Forbid anything of an oleaginous nature being sent through the mail.

THEOPHILUS REDWOOD, Ph.D., F. C. S., Professor of Chemistry and Pharmacy to the Pharmaceutical Society of Great Britain, says, in reference to this preparation:—

"UNGUENTUM PETROLEI appears to be obtained from crude Petroleum by fractional distillation and subsequent purification. Products of a similar description have been introduced in pharmacy, and recommended as substitutes for animal or vegetable fats in the preparation of ointments or liniments.

"Among these the UNGUENTUM PETROLEI is distinguished by its having a firmer consistence and a higher melting point, and in these respects it resembles pure lard, from which it differs in that it is entirely free from liability to become rancid or to undergo any chemical change. It has an amber color, and a smooth, jelly-like appearance and is almost wholly free from odor or taste. It is free from, and insoluble in, water. It is very slightly soluble in rectified spirit, but very soluble in ether, in fixed oils and fats. I am of opinion that its characters and properties are such as to render it a valuable adjunct to our Materia Medica."

Dr. TILBURY FOX, London, writes:—"I like the UNGUENTUM PETROLEI very much indeed, and shall not fail to prescribe it."

From "THE LANCET," London, October 20th, 1878.—"Semi-transparent, pale yellow in color, and perfectly free from offensive smell. We consider it a valuable preparation, and hope its use will become as common in England as it is said to be in America."

From "THE MEDICAL TIMES AND GAZETTE," London, October 20th, 1878.—"The substance introduced under the name of UNGUENTUM PETROLEI is of about the consistence of good lard, has no smell, keeps any length of time, apparently without becoming rancid, and may be exposed to any kind of atmosphere without undergoing chemical change. It has long been, we understand, in use in America, where it enjoys a wide-spread popularity; and it will, we doubt not, come into extensive use here also, as a vehicle for making ointments, as a demulcent in various diseases of the skin, and as a lubricant."

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MEDICAL DEPARTMENT.

113th ANNUAL SESSION, 1878–79.

The higher plan of medical education is now enforced, requiring attendance upon three graded courses of five months each. Didactic instruction is increased. Bedside instruction of each student in Physical Diagnosis, Clinical Medicine and Surgery, and Gynæcology is provided. The clinical and laboratory facilities are unrivaled in America. Pharmacy, Analytical and Medical Chemistry, Histology, Normal and Morbid Anatomy, and Operative Surgery are taught practically.

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For particulars, see ANNOUNCEMENT, for which address

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INEBRIATE ASYLUM,

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This Asylum is admirably situated, overlooking a fine section of country, and is complete in all the appointments of a first-class home, with ample means to meet the wants of every case. It is located three miles from the city, and removed from all temptation. Its management is the same as all other State charities, under the control of a Board of Managers appointed by the Governor. The law provides for the maintenance of indigent inebriates, similar to that of the insane, but patients from other States may be admitted.

The experience of this Asylum, for the past ten years, indicates an increasing usefulness and necessity for such institutions, and the original intention of making this an Asylum Hospital, where this disorder may be thoroughly understood and treated on broad scientific principles is nearer realized than ever before. All rules are strictly enforced, and no patient permitted to go beyond the Asylum grounds without permission from the Superintendent, or in the care of an attendant.

THE CHARGES FOR BOARD

will include medical care, washing, lights, fuel, etc., with ordinary attention. The exigencies of each particular case will be acted upon, as it may present itself, to those of moderate and limited means as well as the rich.

All inquiries and applications for admission should be addressed to the Superintendent.

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CINCINNATI

MEDICAL NEWS.

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SAMUEL C. CHORLTON, M.D. Assistant to Chair of Surgery.

CONRAD STUMPMEYER, Janitor, College Building.

The next Regular Session opens October 2d, 1878, and continues until the latter part of February, 1879. There will be a Preliminary Course, commencing September 4th, 1878. Students are urged to attend this course, as special instruction is given on subjects which cannot be so fully treated during the regular session.

FEES:

General Ticket	$40.00
Matriculation Ticket	5.00
Demonstrator's Ticket (including material)	10.00
Hospital Ticket	5.00
Graduation Fee	25.00

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Constant Electric Disks,

That any person may apply and wear with comfort, for relief of local *pains* and *weakness*, coldness and stiffness. It is also remarkable for its constant power to help weak lungs, heart, stomach, kidneys, sluggish liver, lame back, and other ills.

While worn, by night or day, this flexible pad is self-charging, applies a fine constant galvanism that wonderfully cures nervous ills. "For the price and purpose, there is nothing so good. It has no equal." So say physicians, druggists, and those now using this improved electric. Large Disk, $2.50; Children's Disk, $1.00; Long Disk, with straps for the body, $3.50. Do. for large body, $5.00. Can be sent by mail, on receipt of price, by GARRATT & Co., 6 Hamilton Place, Boston, Mass.

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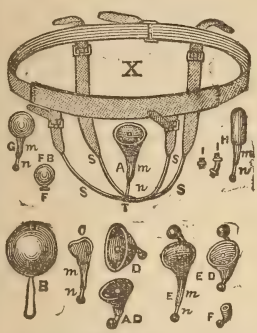
HARD RUBBER INSTRUMENTS AND PRICE LIST.

SERIES OF UTERINE SUPPORTERS. *1.*



Spring Stem Cup A.—Complete on Belt X, $7.00; on XX, $9.00; on Y, $8.00; and on Z, $6.00. Without belt on SS, $5.00.

Anteversion C, Globe Top G, and Oblong H, in price the same as A, with similar attachments.

Retroversion E, on Belt X, $8.00; on XX, $10.00; on Y, $9.00; and on Z $7.00. Without Belt $6.00

Duplicate Cups—A, $2.00; E, $3.00; Globe Tops G, with attachments to screw on A or E Stem $2.00.

P. S.—Shifting Top, with solid or no Spring Stem, 50 cents less on either belt. No Shifting Top Stem sold alone.

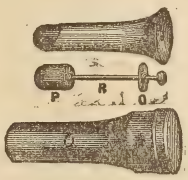
Self-Sustaining Globe B, or Cup D, $1.50 each.

Gums are mailed, 2 at 20 cts; 4 at 35 cts; and Springs at 3 cts. each.

Abdominal Supporters. *2.* *3.*

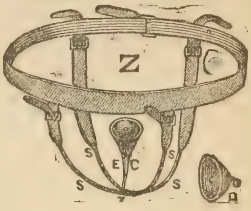
Price, $4.00. Price, $3.00.

SPECULUMS AND CASE. *6.*



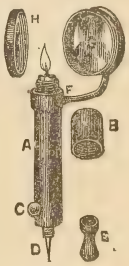
Prices.—The series encased, $14.00. With complete but non-shifting conductor, $2.50 each. Flesh color enameled inside.

SOLID STEM CUP SUPPORTER E. C. *5.*



Price, $4.50. Including Cup D, $6.00. Or E C, on Abdominal Belt X, $5.50. X X, $7.50. Y, $6.50. Including D, on each, $1.50 extra.

REFLECTOR, OR DENTISTS' LIGHT. *10.*



Price, $3.50.

Rectum Supporter and Ointment Holder. *4.*

$3.50.

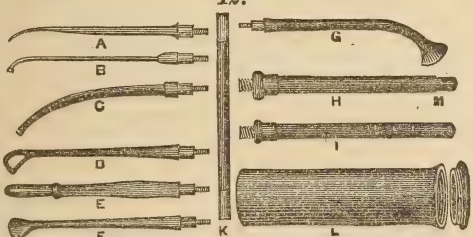
STEM LEVERS. *14.*

$4.50 on Z, $7.00 on X.

Permanent Stem I—The same in price as E C, Fig. 5, on all the belts.

Spring Stem J—The same as Spring Stem Cup A, Fig. 1, on either belt.

HARD RUBBER UTERINE EXAMINING CASE. *12.*



Prices.—Full case, $8.00; Quill Caustic holder H, or camel hair brush holder and case I, each $1.00. Any two of the first seven, with centre piece K, $2.50.

Fenestrated Vaginal and Anal. *7.*

Prices.—Vaginal T, $2.00. Anal U, $1.50.

Hymen—Pointed. *8.*

Price, $1.50.

Vaginal and Vulva Dilator. *9.*

Price, $1.50.

Caustic Bottle and Case. *11.*

Price, $1.50.

STAUFFER'S NON-EVAPORATING INKSTAND.

Price, $1.00.

Price, $1.00. *15.*

13.

Supporters E. C. or Economy.—Fig 5, on its elastic belt Z, is the least in price, and by the oblique construction of the cup sets direct within the angle of the axis of the uterus and vagina, (well seen by IU. Fig. 13) If properly selected, or made so by the exchange privilege, (which admits the interchange of all the hard rubber parts in the catalogue, to cover the purchaser's risk.) It is warranted to correct and sustain even any *Procidentia.* The spring stems and shifting tops with their supplements, Fig. 1. Also, improved ***Retroversion, Cup E. Anterversion C.*** and ***Intra-Uterine Stem Cup, IU,*** Fig. 13. The stem locks in a square socket after the cup is in position, and is supported on the elastic gums SS, as A Fig. 1, and same in price Stem Levers, Fig. 14, etc. All are fully explained in the catalogue. The ***Series*** comprises upwards of 150 in style and size instruments, of which two-thirds belong to the support and correction of the uterus. ***Speculums***—Thomas' objections p. 67—'76, are by them completely overcome. The case contains four. The clear and large view, and facility to work through them, far exceeds any other. The ***Ex. Case,*** and physician's favorite, is admirably represented by Fig. 12—weight but 4 oz. ***Catalogue*** sent free on application. In addition to the description of the above series of instruments, it contains important information on this line of treatment.

Obtained through this Office (Med. and Surg. Reporter.)

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ALWAYS SPECIFY "K. & M." IMPROVED EXTRACT OF MALT.

K. & M.
IMPROVED EXTRACT OF MALT.

Made from Canada Barley, selected, malted, dried, and extracted by, and under the immediate supervision of, Graduates of the Philadelphia College of Pharmacy. CONCENTRATED IN VACUO. This is as perfect an extract of the highest grade of carefully selected Barley Malt as can be PREPARED BY THE USE OF THE MOST IMPROVED VACUUM APPARATUS, recently designed for our own laboratory. As A FOOD in Syphilis, Typhoid and other fevers, Consumption and similar wasting diseases, it is without an equal for the rapid building up of a degenerate or depraved condition of the blood or tissues, since it acts not only as food itself, but its use converts and changes other kinds of food into a condition allowing easy assimilation.

We append the following letter from a gentleman well known to all:

Messrs. KEASBEY & MATTISON: PHILADELPHIA, September 25, 1877.

Gentlemen:—I have employed your Extract of Malt and Infant's Food in a large number of cases, much to my own satisfaction and to the benefit of the patient. The Infant's Food I regard as especially useful in cases of infants requiring artificial food, from any cause.

Yours, etc., W. B. ATKINSON, *Secretary American Medical Association.*

K. & M.
EXTRACT OF MALT WITH COD LIVER OIL.

ORIGINATED BY KEASBEY & MATTISON.

THE MOST NUTRITIVE EMULSION EVER MADE.

Our Improved Extract of Malt, with 50 per cent, of our fine Norwegian Oil, is pre-eminently the emulsion of Cod Liver Oil, since it has double the nutritive effect of any other emulsion of oil. It not only contains the largest amount of nutritive food in the smallest bulk of liquid, but, by the action of the Diastase contained in the malt, it is capable of transforming many times its bulk of amylaceous or graminaceous food into saccharine, thus rendering it easily digestible, even by the most delicate stomach of the invalid. The disagreeable eructations from the stomach, which constitute one of the greatest objections to the use of all preparations of Cod Liver Oil, are completely obviated in this preparation. We would direct the attention of physicians to the special fact that it unites perfectly with water in any proportion, and that the oil does not again separate, thus showing how perfectly the oil is emulsified.

Dose—A Dessert to a Tablespoonful immediately after Meals.

K. & M.
IMPROVED EXTRACT OF MALT WITH PEPSIN.

This is our Improved Extract of Malt, with the addition of five grains of our Saccharated Pepsin to the tablespoonful. For dyspeptic disorders it is found of great value, since it digests both albuminoid and amylaceous matter, thus furnishing a preparation that is needed in the majority of cases of dyspepsia and other derangements of the stomach dependent upon the non-assimilation of the food

Dose—A Dessert to a Tablespoonful immediately after Meals.

K. & M.
BEEF, IRON AND WINE, WITH EXTRACT OF MALT.

ORIGINATED BY KEASBEY AND MATTISON.

A Nourishing Diet for Invalids and Convalescents.

As a simple restorative food, where a tonic effect is desired, there is perhaps nothing in the whole line of tonic dietetics of so much real value as this preparation. It furnishes the diseased stomach with the power of assimilating amylaceous diet, and supplies readily assimilable food at the same time, in the articles of Malt Extract. The iron salt supplies the red corpuscles that are deficient in the blood, while to the nutrient effect of beef is added the stimulant effect of a fine sherry wine. Each tablespoonful represents two grains of the soluble citrate of iron, and one ounce of finely chopped raw lean beef, with equal quantities of our Improved Extract of Malt and sherry wine.

For sale by Druggists everywhere. Samples may be obtained of

THE MANUFACTURERS,

KEASBEY & MATTISON,

332 N. FRONT STREET, **PHILADELPHIA.**

1077-1128eow

ALWAYS SPECIFY "K. & M." IMPROVED EXTRACT OF MALT.

Analyses of Sulphate of Quinine Pills.

As we have repeatedly notified the trade, our Sulphate of Quinine Pills are made of Bleached Quinine and contain the correct amount of Quiniæ Sulphas, as represented on the label.

We submit below three analyses of our Sulphate of Quinine Pills obtained at different druggists; the first was made by Mr. Chas. Rice, of New York, one of the editors of the "*New Remedies*," and chemist of Department Public Charities and Correction of New York City, who is well known both personally and by reputation by a large number of physicians and druggists throughout the country. The other two analyses are by Dr. Polenske, former assistant of Prof. Sonnenshein, of Berlin, and now our own analytical chemist.

Our "Hospital Quinine" Pills are made as set forth in our circular of March 27th, which we reprint for the information of those who may not have seen it before.

With the assurance to the trade and medical profession, that we will always manufacture our preparations, as we have in the past, in **perfect good faith,** that we will use the best materials obtainable, increasing our knowledge by every means in our power, for examining and testing all ingredients and perfecting our business, we remain,

Very respectfully, **McKESSON & ROBBINS.**

NEW YORK, APRIL 17th, 1878.

"MESSRS. McKESSON & ROBBINS,

Gentlemen:—Having been requested by you to make an assay of the alkaloids contained in your Gelatine-Coated Quinine Pills, I purchased an original vial, containing 100 2 grain pills, in the store of Mr. Theodore Cole, 409 First Avenue, New York. Each ten of these pills weighed very nearly 34 grains, and the weight of the single pills is very uniform, varying but slightly either way from 3.4 grains. The whole number of pills, (100,) yielded 148.385 grains of anhydrous alkaloid, which was found to be **pure, White Quinia,** free from other cinchona alkaloids. This amount of dry Quinia corresponds to **203.8** grains of **Sulphate of Quinia,** containing 8 molecules of water of crystallization ($2\ C_{20}\ H_{24}\ N_2\ O_2 — H_2\ SO_4 — 8\ H_2\ O$); or to **201.7** grains of **Sulphate of Quinia,** containing 7½ molecules of water of crystallization ($2\ C_{20}\ H_{24}\ N_2\ O_2 — H_2\ SO_4 — 7½\ H_2\ O$), which latter is, as near as possible, the formula of the commercial pure Sulphate of Quinia. The amount of Sulphate of Quinia contained in the 100 pills examined, is therefore a trifle **in excess** of the required quantity, (3.8 grains, or 1.7 grain, according to whatever formula may be adopted for the crystallized salt).

Respectfully CHARLES RICE,
Chemist, Bellevue Hospital, N. Y."

NEW YORK, MARCH 30th, 1878.

"I have analyzed McKesson & Robbins' Gelatine-Coated 5 grs. Sulphate of Quinine Pills, from an original bottle of one hundred, and find that in two analyses of 10 pills each, the result in both cases was 51 grains of pure Sulphate of Quinine.

ED. POLENSKE, Ph. D."

NEW YORK, APRIL 13th, 1878.

"One hundred McKesson & Robbins' Gelatine-Coated 2 grs. Sulphate of Quinine Pills, analyzed by me to-day, contained 198 grains of Sulphate of Quinine. The Sulphate of Quinine obtained from these pills stood the Ether test, as laid down in the U. S. Ph.

ED. POLENSKE, Ph. D."

Circular of March 27th, 1878.

Since we changed, last fall, from Unbleached to Bleached Quinine in the manufacture of our Pills, we have heard from a large number of druggists and physicians stating that the therapeutical effects of the dark pills were better than the "bleached," dose for dose, where a tonic was indicated, and the antiperiodic effects of the former were as well marked. We made the change because we were disappointed in obtaining a uniform article of unbleached Quinine, were deceived in two shipments we received and the analyses of samples from the same package we submitted to different highly reputable chemists varied surprisingly, in fact, analysing Quinine *quantitively* is very difficult, as it depends very largely upon the different solubilities of the alkaloids in water, while the *qualitative* analysis is very simple and reliable.

The curative properties of the other alkaloids of Cinchona Barks have been well attested and the effect of the **combined alkaloids** has been repeatedly asserted to be greater than that of any **one alone.**

In view of these facts, we accordingly propose to offer Pills made of Hospital Quinine, which differs from that which has been known and understood as "unbleached," in the process of manufacture and in the proportion of Quinine. This Hospital Quinine will contain about 50 per cent. of Quinine Sulphate, and the balance, Cinchonidia Sulphate and traces of Quinidia Sulphate; the Cinchonia Sulphate, being less powerful than the other alkaloids is separated.

These pills on account of their lower price will relieve a difficulty, to which a large number of people living in malarious districts have been subjected—the inability to purchase Quinine Pills on account of price, especially when scarcity causes sudden and great advances, as at present—at the same time we believe that confidence may be felt of experiencing equal relief with similar doses.

We will continue, as now, to make our "Quinine Pills" of bleached Quinine, and the white color will readily identify them from our darker Hospital Quinines, which will be labelled "Hospital Quinine." The list of Hospital Quinine Pills we submit below is subject to same discount as our other pills, and will be reduced as soon as the market on Quinine will allow. We call special attention to our Pills of Cinchona Bark Alkaloids, which contain a definite quantity of each of the four alkaloids, one-half grain each Sulphates Quinia, Quinidia, Cinchonia and Cinchonidia.

We annex below list of our Pills of other Cinchona Alkaloids, and remain, soliciting your correspondence and valued orders,

Yours respectfully,

March 27th, 1878. **McKESSON & ROBBINS.**

Pills of "HOSPITAL QUININE" and the Cheaper Alkaloids.

"HOSPITAL QUININE," ¼ gr.	70	3 25
"HOSPITAL QUININE," ½ gr.	85	4 00
"HOSPITAL QUININE," 1 gr.	1 40	6 75
"HOSPITAL QUININE," 1½ grs.	1 90	9 25
"HOSPITAL QUININE," 2 grs.	2 50	12 25
"HOSPITAL QUININE," 3 grs.	3 75	18 50
"HOSPITAL QUININE," 4 grs.	4 50	22 25
"HOSPITAL QUININE," 5 grs.	6 00	29 75
Quinidia, Sulphate, 1 gr.	80	3 75
Quinidia, Sulphate, 2 grs.	1 50	7 25
Quinidia, Sulphate, 3 grs.	2 20	10 75
Chinoidine, ¼ and 1 gr.	60	2 75
Chinoidine, 3 grs.	75	3 50
CINCHONA BARK ALKALOIDS.	2 00	9 75
Quiniæ Sulph., 1-2 gr. Quinidiæ Sulph., 1-2 gr. Cinchoniæ Sulph., 1-2 gr. Cinchonidiæ Sulph., 1-2 gr.		
Cinchonia, Sulphate, 3 grs.	1 00	4 75
Cinchonidia, Sulphate, 1 gr.	60	2 75
Cinchonidia, Sulphate, 2 grs.	1 00	4 75
Cinchonidia, Sulphate, 3 grs.	1 50	7 25
Cinchonidia, Sulphate, 5 grs.	2 50	12 25

SEND FOR FORMULA BOOK AND PRICE LIST OF PILLS.

DETROIT MEDICAL COLLEGE.

SESSIONS OF 1878-79.

FACULTY.

PRELIMINARY AND REGULAR SESSIONS.

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Professor of Medical and Surgical Diseases of Women, and Obstetrics.

GEORGE P. ANDREWS, M.D.,
Professor of Principles and Practice of Medicine and Clinical Medicine.

ALBERT B. LYONS, M.D.,
Professor of Chemistry and Toxicology.

THEODORE A. McGRAW, M.D., Treasurer,
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N. W. WEBBER, M.D.,
Professor of General and Descriptive Anatomy and Clinical Surgery.

LEARTUS CONNOR, M.D., Secretary,
Professor of Physiology and Lecturer on Diseases of the Eye and Ear.

RECITATION SESSION.

H. O. WALKER, M.D.,
Lecturer on Genito-Urinary System and Rectum.

DANIEL LA FERTE, M.D.,
(Demonstrator of Anatomy) and Lecturer on Orthopedic Surgery and Tumors.

J. G. JOHNSON, M.D.,
Lecturer on Diseases of Mind and Nervous System.

J. H. CARSTENS, M.D.,
Lecturer on Differential Diagnosis.

E. L. SHURLY, M.D.,
Lecturer on Diseases of Throat and Lungs.

F. A. SPALDING, M.D.,
Lecturer on Diseases of the Skin.

C. C. YEMANS, M.D.,
Lecturer on Chemistry.

JAS. D. MUNSON, M.D.,
Demonstrator of Practical Physiology.

E. A. CHAPOTON, M.D.,
Demonstrator of Practical Microscopy.

The Collegiate Year is divided into three sessions.

PRELIMINARY SESSION opens Wednesday, September 4th, 1878, and continues one month. The Clinics are held and the Lectures delivered by the Professors of the regular Faculty, and in the same order and frequency as during the Winter Term. Opportunity is given to dissect or work in the Chemical and Physiological Laboratories.

The REGULAR SESSION opens Wednesday, October 2d, 1878, and continues five months. During this term all the branches of *General Medicine and Surgery*, both scientific and practical, are taught with care and thoroughness. All students are daily examined on the subjects of the lectures and on their dissecting and laboratory work.

Senior students have *daily practice* in the *art of examining patients*, in forming their own diagnosis, prognosis and treatment. As this is done under the direction of the professor holding each clinic, and in the presence of the class, it constitutes an invaluable course of training.

The RECITATION SESSION begins second Wednesday in March, 1879, and continues four months. Daily during this term there will be held a lecture, recitation and one or two clinics. The lectures will be upon special subjects of medical or surgical interest.

The recitations will embrace the general subjects of the Regular Session, viz., Anatomy, Surgery, Midwifery, Diseases of Women, Physiology, Practice of Medicine, Materia Medica and Chemistry.

Though the Recitation and Preliminary Sessions are optional, it is hoped that all who can will avail themselves of their manifest advantages in supplementing the regular winter course.

Three Hospitals—Harper's, St. Mary's and St. Luke's—with two large free dispensaries, afford an abundance of clinical material for illustrative and practical teaching.

All lectures are delivered on Hospital grounds. The *peculiar feature* of this school is the *intimate union* between its *laboratory, clinical* and *didactic* instruction.

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THE READING AND RECITATION TERM will commence October 1, 1878, and close February 14, 1879.
THE REGULAR TERM will open March 1, 1879, and close the last week in June following.

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"I have used LACTOPEPTINE in a case of Dyspepsia with satisfaction. I think well of it."

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Alcoholic Extract Belladonna, U. S. P......2,571
Allen's English Extract.....1,411
Herring's English Extract.....1,179

The practitioner, as well as ourselves, has but one choice.

Considering these features from a professional standpoint, we offer a Belladonna plaster which cannot be improved upon.

SALICYLATED SURGEONS' RUBBER ADHESIVE PLASTER

This article has met with unprecedented success, and has been emphatically pronounced by our most skillful General and Orthopædic Surgeons, as "the best Surgeons' Adhesive Plaster known." It is applied without heat or moisture, conforms quickly to the parts; is perfectly flexible and waterproof, and is ready for use at any moment. It is free from irritating properties and very healing. In counter-extension it has no equal, as it does not move or slide after being applied. Our India-rubber Adhesive Plaster is also spread on twilled linen, which resists the most powerful strain. In addition to these general improvements, the plaster being impervious to water, wounds can be cleansed without removing the plaster, obviating the necessity of constant redressing, saving labor and time. **Whenever continued powerful adhesion is required, it should be procured in porous form.**

MUSTARD PLASTER (spread on Cotton Cloth).

Our Mustard Plaster is a decided improvement over the best French makes; the mustard is manipulated so as to exclude all the moisture, retaining unimpaired by such treatment, its essential properties. They are always reliable, conform quickly to the part, and when thoroughly wet do not break into pieces, as is the case with all other mustard plasters. They do not crack or peel off, and can be removed without soiling the skin or linen. Being **manufactured only of pure mustard,** they are perfectly free from Croton Oil or other dangerous substitutes, often employed to induce intense irritation.

RUBBER BLISTER PLASTER (Camphorated) U. S. P. STRENGTH.

This article has a splendid reputation; its characteristic action is not impaired by age in any climate. The whole fly is incorporated, which, by constant manipulation is thoroughly and beautifully combined with the plaster. **Its properties are developed quicker, and it blisters in less time than the cerate.** It never fails to blister when used as directed. In addition to its superior efficacy as a vesicant, we incorporate a sufficient quantity of Camphor, which, with the Olive Oil used on the face of the plaster, **prevents Strangury.** This improvement will be appreciated by every practitioner. It is more reliable than any known cantharidal preparation.

CAPSICUM PLASTER.

Recently this article has crept into favor with our most esteemed physicians, and judging from results, it is doubtless the best rubefacient known. It has the specific action of mustard without its objections. The characteristic action of Capsicum is uniformly maintained from twenty-four to forty-eight hours, without blistering, being mild, continuous, and stimulating. This plaster is spread in rubber combination and in porous form. Experience has taught practitioners that the Oleo Resin of Capsicum is too violent, frequently vesicating; we incorporate the crude drug in sufficient quantity, without risk to the patient. Our Capsicum Plasters will be found more practical for general use than the **so-called Mustard or Capsicum Papers.**

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QUALITY IS OF GREAT IMPORTANCE TO THE PRACTITIONER: BY RELIABLE PREPARATIONS HE SUPPLEMENTS HIS OWN SKILL. You can therefore rest assured that every article we manufacture is of strict pharmacopœia strength, and incorporated with perfectly reliable Extracts and Drugs, well selected, carefully and conscientiously prepared, and manufactured invariably under the personal superintendence of one of our firm. OUR WHOLE ATTENTION AND STUDY IS DEVOTED ENTIRELY TO THE ART OF PLASTER MAKING, and we are ready at all times to receive suggestions from the fraternity, which may be of benefit to all.

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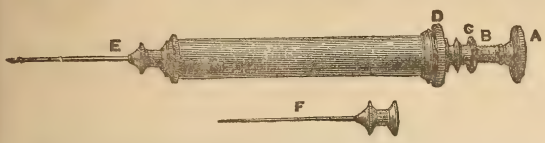
NEW HYPODERMIC SYRINGES.



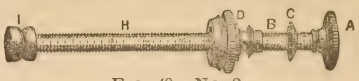


FIG. 48.—No. 2.

These cuts (two-thirds the actual size) represent a New Hypodermic Syringe of our Manufacture. With the exception of the needles, it is of German Silver, a material chosen as possessing, next to steel, the greatest rigidity and durability, while free from liability to oxydation. The barrel is formed by a process peculiar to ourselves, securing uniformity of calibre without soldered joint or seam. It is plated inside and outside with nickel. The piston is packed in the double parachute form, with leather prepared expressly for the purpose. It will be found to retain its elasticity, to operate smoothly, to resist all tendency of fluid to pass above, as of air below it. A nicely-engraved scale upon the piston-rod indicates minims, thirty being the capacity of the syringe.

Syringes Nos. 2, 3, and 4 have also a screw thread upon the piston-rod, and a traverse nut, thereby favoring the utmost nicety in the graduation of doses.

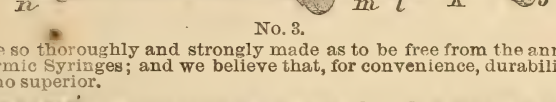
No. 3, Compact, has hollow piston-rod to receive one needle, also a protecting cover and fluid retainer; it may be carried in the Pocket Instrument or Vial Case, or without any case.

No. 4, Compact, is like No. 3, with the addition of a second needle, carried upon the syringe in the usual place, protected by a metal shield.

Nos. 1 and 2 are put up in neat morocco-covered case, with vial.

Two sizes of needles are furnished with each instrument, Nos. 1, 2, and 4; one only with No 3. They are of refined steel, carefully tempered, and thoroughly plated with gold; they are of small diameter and large relative calibre, sharpened to such an angle as will offer least resistance to penetration, and therefore cause least pain. At the point of union with the socket they are reinforced with an outer covering of German silver, thereby overcoming the tendency to become broken at this place. They are connected with the barrels by a screw thread.

Prices: No. 1, *$4.00* No. 2, *$4.50* Postage, .03
" No. 3, *3.00* No. 4, *4.00* " .02



No. 3.

These Syringes are so thoroughly and strongly made as to be free from the annoying accidents common to most Hypodermic Syringes; and we believe that, for convenience, durability, and nicety of construction, they have no superior.

OTHER HYPODERMIC SYRINGES.

		Postage.
No. 7, glass-barrel, graduation engraved on barrel, with screw nut on piston, nickel-plated mountings, two best steel gilt needles, in neat case	*$3.00*	.02
No. 9, glass, graduation engraved and numbered on piston-rod, with screw nut, best steel gilt needles, in neat case	*3.00*	.02
No. 7 or No. 9, with two steel unplated needles, either	*2.50*	.02
No. 10, glass, Luer's (French), graduation as No. 9, one gold needle and two steel needles, silver mountings, neat velvet-lined morocco case	*12.00*	.02

No. 11, glass cylinder, fenestrated, nickel-plated metal mounting (see cut).

No. 11.

		Postage.
As represented in the cut, the glass cylinder is encased in a metal mounting, fenestrated to show the graduations for minims. The instrument may readily be taken apart for cleaning, and for those who prefer glass, is recommended for its non-liability to breakage. Price, with two best steel gilt needles, in a neat case	*$3.50*	.02

☞ *Any of the above will be sent by return mail on receipt of Price and Postage.* ☜

HYPODERMIC SYRINGES OF ALL KINDS PROMPTLY REPAIRED.

Our new *Illustrated Catalogue of Surgical Instruments,* also a new Pamphlet on Inhalation of Atomized Liquids, by distinguished medical authority, with many valuable formulas, will be forwarded, postpaid, on application.

Atomizers and articles for Antiseptic Surgery, Aspirators, Clinical Thermometers, Elastic Hose, Electrical Instruments, Invalids' Articles, Manikins, Models, Ophthalmoscopes; Dr. Paquelin's Thermo-Cautery; Pessaries, Rubber Urinals; Sayre's Splints, and Apparatus for every kind of Deformity; Skeletons, Sphygmographs, Splints, Transfusion Apparatus; Vaccine Virus from our own stables; Veterinary Instruments; Waldenburg's Pneumatic Apparatus, &c., &c.

☞ *See our other advertisements in successive numbers* MEDICAL AND SURGICAL REPORTER.

CODMAN & SHURTLEFF,

Makers and Importers of Superior Surgical Instruments,

1088-1139eow **13 & 15 TREMONT STREET, BOSTON, MASS.**

The Trommer Extract of Malt Company guarantee to the Medical Profession the excellent quality and absolute reliability of their Extract of Malt. and all its combinations.

Extract of Malt,

WITH COD-LIVER OIL,

FIRST PROPOSED BY DR. F. H. DAVIS, OF CHICAGO,

(See Transactions of American Medical Association, for 1876, page 176.)

Is presented to the medical profession as an efficient, palatable and very stable combination, consisting of equal parts of the ***Extract of Canadian Barley Malt*** and the best quality of genuine ***Norwegian Cod-liver Oil.*** Many patients take this preparation who cannot take the oil in any other form. It may be employed in all cases where Cod-liver Oil is appropriate, but is peculiarly adapted to those complicated with disordered digestion.

Extract of Malt,

WITH COD-LIVER OIL AND PHOSPHORUS,

Consists of equal parts of Extract of Malt and pure fresh Norwegian Cod-liver Oil, Phosphorus being added in the proportion of $\frac{1}{100}$ grain to the dose, and so combined as to be perfectly protected from oxidation. The ***Trommer Extract of Malt Company*** prepare this combination agreeably to the suggestion of ***Dr. Wilson Fox.*** It is specially adapted to cases of phthisis, bronchitis, pernicious anæmia, and diseases of the nervous system.

Extract of Malt,

WITH COD-LIVER OIL AND IODIDE OF IRON

added in the proportion of one grain to the dose. This combination is intended to meet those cases where the physician desires to add a more energetic alterative and restorative to the treatment with Cod-liver Oil and Extract of Malt. The manufacturers have received numerous letters from prominent physicians, referring to it in terms of high praise.

1090-1115eow

JEFFERSON MEDICAL COLLEGE,

PHILADELPHIA.

The Fifty-fourth Session of the Jefferson Medical College will begin on Tuesday, October 1, 1878, and will continue until March 1st, 1879. Preliminary Lectures will be held from Monday 2d September.

PROFESSORS.

JOSEPH PANCOAST, M.D., General, Descriptive and Surgical Anatomy (*Emeritus*).
SAMUEL D. GROSS, M.D., LL.D., D.C.L. Oxon., Institutes and Practice of Surgery.
ELLERSLIE WALLACE, M.D., Obstetrics and Diseases of Women and Children.
JOHN B. BIDDLE, M.D., Materia Medica and General Therapeutics.
J. AITKEN MEIGS, M.D., Institutes of Medicine and Medical Jurisprudence.
J. M. DA COSTA, M.D., Practice of Medicine.
WILLIAM H. PANCOAST, M.D., General, Descriptive and Surgical Anatomy.
ROBERT E. RODGERS, M.D., Medical Chemistry and Toxicology.

Continuous Instruction is given throughout the year (with the exception of the months of July and August), which is free to the matriculates of the Winter Session. The following special subjects are taught during the Preliminary Course in September:—

Medical Jurisprudence, by Professor Meigs.

Dermatology and Syphilitic Diseases, by Dr. F. F. Maury, one of the Surgeons to the Philadelphia Hospital.

Pathological Anatomy, by Dr. Longstreth, Pathologist to the Pennsylvania Hospital.

Operative Surgery, with Operations on the Cadaver, by Dr. John H. Brinton, one of the Surgeons to the Philadelphia Hospital.

Diseases of the Urino-Genital Organs, by Dr. S. W. Gross, one of the Surgeons to the Philadelphia Hospital.

Ophthalmology is treated both clinically and didactically during the entire course, by Dr. William Thomson, one of the Surgeons to the Wills Ophthalmic Hospital

Laryngoscopy, with Diseases of the Throat, by Dr. J. Solis-Cohen.

The Demonstrator of Surgery, Dr. J. Ewing Mears, delivers a distinct course of ***Demonstrations of Surgery,*** with illustrations on the Cadaver, during the entire session.

Practical Chemistry, with Qualitative and Quantitative Analysis, the Examination of Normal and Abnormal Products, and Manipulation by the student himself, is taught by the Professor of Chemistry, assisted by the Demonstrator, G. M. Ward, M.D.

Practical Anatomy and Morbid Anatomy.—For the study of Practical Anatomy a full supply of material is furnished, free of charge. The anatomical rooms are spacious and provided with every convenience, and not only are subjects for dissection to be had without expense, but there are no incidental or extra charges of any kind. Demonstrator of Anatomy, T. H. Andrews, M.D.

Bedside Instruction is furnished to advanced students. The practical use of the laryngoscope is taught to all candidates for graduation, in classes of convenient size, at the College Hospital, by J. Solis-Cohen, and the use of the ophthalmoscope, by Dr. W. Thomson.

Laboratory Instruction is at the disposal of all the members of the class in the Chemical and Physiological Laboratories, and Practical Instruction in the use of the Microscope is also given.

Post-Mortem Examinations.—During the past winter opportunity was afforded to the graduating class of being present in sections, at autopsies, by Dr. Morris Longstreth, Pathologist to the Jefferson Medical College Hospital and to the Pennsylvania Hospital; and these facilities will be continued during the ensuing session.

The New Hospital of the Jefferson Medical College, which was begun in November, 1875, is now completed and in operation. It is situated immediately west of the College, fronting on Sansom Street, and is bounded on three sides by streets, and by a wide private passage way on the fourth side. It is 107 feet square, five stories in height, and is designed for the easy accommodation of 125 patients. In connection with the Hospital is the Out-door or Dispensary Department, which furnishes much valuable material for clinical instruction. The amphitheatre, provided for Clinical Lectures, is probably the largest and most convenient in the United States, and will seat more than six hundred students. The most approved appliances for heating, ventilation, etc., have been provided, and in architectural construction, and all desirable conveniences, this hospital will be found at least equal to any American clinical hospital. Daily Clinical Lectures are given at the hospital, through the entire year, by members of the Faculty and by the hospital staff, which is constituted as follows:—

Surgeons:	*Physicians:*
JOHN H. BRINTON, M.D.,	J. SOLIS-COHEN, M.D.,
F. F. MAURY, M.D.,	JAMES C. WILSON, M.D.,
S. W. GROSS, M.D.,	JOHN B. ROBERTS, M.D.,
R. J. LEVIS, M.D.	OLIVER P. REX, M.D.
Ophthalmic Surgeon:	*Gynæcologists:*
WILLIAM THOMSON, M.D.	F. H. GETCHELL, M.D.,
	J. EWING MEARS, M.D.,
Aural Surgeon:	*Pathologist:*
L. TURNBULL, M.D.	MORRIS LONGSTRETH, M.D.

A Summer Course of Supplementary Lectures is given, beginning 17th March, 1879, and extended through the months of April, May, and June. There is no additional charge for this Course to matriculates of the College, except a registration fee of five dollars; non-matriculates pay thirty five dollars, which is, however, credited on the amount of fees paid for the ensuing winter course.

FEES.

For a Full Course	$140 00
Matriculation Fee (paid once only)	5 00
Graduation Fee	30 00

Students who have attended two full courses on Materia Medica, Institutes, Anatomy, or Chemistry, may be examined on any of these branches at the end of their second course.

The Annual Announcement will be sent, on application to

1116-1122eow1123, 1124, 1126 J. B. BIDDLE, M.D., Dean.

Bellevue Hospital Medical College,

CITY OF NEW YORK.

MEMBER OF THE AMERICAN MEDICAL COLLEGE ASSOCIATION.

SESSIONS OF 1878-'79.

THE COLLEGIATE YEAR in this Institution embraces a preliminary Autumnal Term, the Regular Winter Session, and a Spring Session.

THE PRELIMINARY AUTUMNAL TERM for 1878-1879, will open on Wednesday, September 18, 1878, and continue until the opening of the Regular Session. During this term, instruction, consisting of didactic lectures upon special subjects and daily clinical lectures, will be given, as heretofore, by the entire Faculty. Students expecting to attend the Regular Session are strongly recommended to attend the Preliminary Term, but attendance during the latter is not required. *During the Preliminary Term, clinical and didactic lectures will be given in precisely the same number and order as in the Regular Session.*

THE REGULAR SESSION will begin on Wednesday, Oct. 2, 1878, and end about the 1st of March, 1879.

FACULTY.

ISAAC E. TAYLOR, M. D.,
Emeritus Professor of Obstetrics and Diseases of Women, and President of the Faculty.

JAMES R. WOOD, M. D., LL. D.,
Emeritus Professor of Surgery.

FORDYCE BARKER, M. D.,
Professor of Clinical Midwifery and Diseases of Women.

AUSTIN FLINT, M. D.,
Professor of the Principles and Practice of Medicine and Clinical Medicine.

W. H. VAN BUREN, M. D.,
Professor of Principles and Practice of Surgery, Diseases of Genito-Urinary System, and Clinical Surgery.

LEWIS A. SAYRE, M. D.,
Professor of Orthopedic Surgery and Clinical Surgery.

ALEXANDER B. MOTT, M. D.,
Professor of Clinical and Operative Surgery.

WILLIAM T. LUSK, M. D.,
Professor of Obstetrics and Diseases of Women and Children, and Clinical Midwifery.

WILLIAM M. POLK, M. D.,
Professor of Materia Medica and Therapeutics, and Clinical Medicine.

AUSTIN FLINT, JR., M. D.,
Professor of Physiology and Physiological Anatomy, and Secretary of the Faculty.

JOSEPH D. BRYANT, M. D.,
Professor of General, Descriptive, and Surgical Anatomy.

R. OGDEN DOREMUS, M. D., LL. D.,
Professor of Chemistry and Toxicology.

EDWARD G. JANEWAY, M. D.,
Professor of Pathological Anatomy and Histology, Diseases of the Nervous System, and Clinical Medicine.

PROFESSORS OF SPECIAL DEPARTMENTS, ETC.

HENRY D. NOYES, M. D.,
Professor of Ophthalmology and Otology.

JOHN P. GRAY, M. D., LL. D.,
Professor of Psychological Medicine and Medical Jurisprudence.

ERSKINE MASON, M. D.,
Clinical Professor of Surgery.

EDWARD L. KEYES, M. D.,
Professor of Dermatology, and Adjunct to the Chair of Principles of Surgery.

J. LEWIS SMITH, M. D.,
Clinical Professor of Diseases of Children.

LEROY MILTON YALE, M. D.,
Lecturer Adjunct upon Orthopedic Surgery.

A distinctive feature of the method of instruction in this College is the union of clinical and didactic teaching. All the lectures are given within the Hospital grounds. During the Regular Winter Session, in addition to four didactic lectures on every week-day, except Saturday, two or three hours are daily allotted to clinical instruction.

The Spring Session consists chiefly of Recitations from Text-books. This term continues from the first of March until the first of June. During this Session, daily recitations in all the departments are held by a corps of examiners appointed by the Faculty. Regular clinics are also given in the Hospital and the College building.

FEES FOR THE REGULAR SESSION.

Fees for Tickets to all the Lectures during the Preliminary and Regular Term, including Clinical Lectures,	$140.00
Matriculation Fee	5.00
Demonstrator's Ticket (including material for dissection)	10.00
Graduation Fee	30.00

FEES FOR THE SPRING SESSION.

Matriculation (Ticket good for the following Winter)	$5.00
Recitations, Clinics, and Lectures	35.00
Dissection (Ticket good for the following Winter)	10.00

☞ Students who have attended two full Winter courses of lectures may be examined at the end of their second course, upon Materia Medica, Physiology, Anatomy, and Chemistry, and, if successful, they will be examined at the end of their third course upon Practice of Medicine, Surgery, and Obstetrics only.

For the Annual Circular and Catalogue, giving regulations for graduation and other information, address Prof. AUSTIN FLINT, Jr., Secretary, Bellevue Hospital Medical College.

THE MEDICAL REGISTER AND DIRECTORY

OF THE

UNITED STATES,

SYSTEMATICALLY ARRANGED BY STATES:

COMPRISING

NAMES, POST-OFFICE ADDRESS, EDUCATIONAL AND PROFESSIONAL STATISTICS, OF MORE THAN 60,000 PHYSICIANS, WITH LISTS OF MEDICAL SOCIETIES, COLLEGES, HOSPITALS, AND OTHER MEDICAL INSTITUTIONS, WITH ABSTRACTS, OF THE MEDICAL LAWS OF EACH STATE, NOTES OF MINERAL SPRINGS. Etc.

BY

SAMUEL W. BUTLER, M. D.

SECOND EDITION, REVISED AND CORRECTED.

One Volume, large octavo, double columns, 874 pages. Price, Cloth, $5.50; Leather, $6.50.

The **SECOND EDITION** of this important work has been prepared at great cost of time and money. The lists have been carefully revised *by leading men in each State.* Nearly TEN THOUSAND new names have been added, and numerous corrections made. Those who have purchased the first edition will find this one to possess *all the value of a new work.*

This work has a *national* and *historic* value, as well as a present *business* one. Besides the names and addresses of all the physicians in the country, it contains the roster of the medical officers in the Army and Navy, list of the officers of State and County medical societies, a sketch of the medical geography of each State and Territory, analysis of the waters of all prominent mineral springs, and a mass of other information interesting to the profession. The collation of the *laws regulating the practice of medicine* in the various States is a feature of special interest and one not to be found in any other publication.

All who desire to reach medical men for business purposes, for instance, Life Insurance Companies, Medical Colleges, Wholesale Druggists, Importers and Manufacturers of Pharmaceutical Specialties, Dealers in Surgical Instruments, will find this book invaluable.

OPINIONS OF THE PRESS.

From the (London) *Lancet:*
This is the first work of the kind that has ever appeared on the other side of the Atlantic. The Editor and Compiler, Dr. S. W. Butler, and the publisher, are to be congratulated upon an undoubted success.

From the (London) *Medical Press and Circular:*
Upon opening its well-filled and well arranged pages our only surprise is that such a go-ahead race as our cousins have the credit of being, should have gone on so long without so valuable a book of reference.

From the (Philadelphia) *Medical Times:*
To publishers, druggists and those members of the profession whose sympathies and needs are wide enough to reach beyond their own immediate neighborhood, this book must be invaluable.

From the (Cincinnati) *Lancet and Observer:*
Of very great value, and will be to physicians what the city directory is to the man of business, a book he cannot get along very well without.

From the *Medical and Surgical Reporter:*
A volume of very considerable importance, the appreciation of which must grow in time, and it should find a place in every medical library of any pretensions of completeness.

Published by D. G. BRINTON,
115 South Seventh Street, Philadelphia.

ALWAYS SPECIFY "K. & M." GRANULATED EFFERVESCENT SALTS.

K. & M.
GRANULATED EFFERVESCENT
PEPSIN, BISMUTH & STRYCHNIA.
ORIGINATED BY KEASBEY & MATTISON.

We again offer this preparation confidently to the profession. It has, for four years, enjoyed an extensive prescription among the most eminent of our practitioners. Its use has been attended with the most marked success, perhaps, of any of the various remedies recommended in dyspepsia, gastralgia, and kindred disorders. Its association with Carbonic Acid renders it palatable, and causes it to be retained by the most sensitive stomach. It is the only soluble form in which Pepsin and Bismuth should be ever given together, and is FIVE TIMES THE PEPSIN STRENGTH of the various elixirs, wines, liquors, etc., of the market. In reference to its reliability, we refer to the most prominent physicians in all sections of this country, who will very generally be found to be using it in their practice.

Always prescribe the GRANULATED EFFERVESCENT form, and always specify the "K. & M." Preparation.

Each drachm or heaping teaspoonful contains FIVE GRAINS Saccharated Pepsin, two grains soluble Citrate of Bismuth, and one-fiftieth grain Citrate of Strychnia.

Messrs. KEASBEY & MATTISON:— PHILADELPHIA, September 21, 1877.

Gentlemen:—I have used a large number of your preparations for several years past with great satisfaction, and am happy to commend them to others from what I know both of your drugs and of yourselves.

Very truly yours, W. W. KEEN, M. D.

K. & M.
GRANULATED EFFERVESCENT
CITRATE CAFFEINE.
ORIGINATED BY KEASBEY & MATTISON.

The recent extensive employment of this salt as a remedy, amounting almost to a specific in cases of sick headache, and its use in nervous diseases generally, have caused us to place it upon our list. Its value is much enhanced by its administration with Carbonic Acid, so agreeably and efficiently produced by this form.

A heaping teaspoonful, containing ONE GRAIN of Citrate of Caffeine, should be given in sick headache, every hour or two before and during the paroxysms.

Messrs. KEASBEY & MATTISON:— PHILADELPHIA, September 27, 1877.

Gentlemen:—It gives me pleasure to add my testimony in regard to your preparations, which I have used for a long time; they are thoroughly reliable.

Truly yours, THOMAS G. MORTON, M. D.

K. & M.
GRANULATED EFFERVESCENT
CITRATE LITHIA.

In the effervescent form this chemical is administered in a peculiarly advantageous manner. Its association with Carbonic Acid renders it much less liable to disturb the stomach, while in strength it is greatly superior to Lithia Water. A valuable diuretic and lithontriptic, its importance in the treatment of rheumatic, gouty, and analogous disorders can scarcely be over-estimated.

We have doubled the strength of this preparation, each drachm or heaping teaspoonful containing FOUR GRAINS of the chemically pure salt.

Messrs. KEASBEY & MATTISON:— PHILADELPHIA, September 25, 1877.

Gentlemen:—I have employed your Extract of Malt and Infants' Food, in a large number of cases, much to my own satisfaction, and to the benefit of the patient. The Infants' Food I regard as especially useful in cases of Infants requiring artificial food from any cause. Yours, etc., W. B. ATKINSON, M. D., *Sec. American Med. Asso.*

K. & M.
GRANULATED EFFERVESCENT PREPARATIONS

of Magnesium Citrate, Potassium Bicarb., Citrate Benzoate, and Bromide; Lithium Benzoate and Carbonate; Cerium Nitrate and Oxalate; Bismuth Citrate (SOLUBLE), Pepsin, and Bismuth; Pepsin, Bismuth, and Iron, etc., etc., etc.; also the following:—

K. & M.
GRANULATED EFFERVESCENT
MINERAL WATER SALTS.

Vichy, Kissingen, Seltzer, Carlsbad, Congress, Crab Orchard, Pullna, Friedrichshall, etc., etc.

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KEASBEY & MATTISON,

332 North Front Street,

Send for Pamphlet on New Remedies. PHILADELPHIA.

1064-1115eow

ALWAYS SPECIFY "K. & M." GRANULATED EFFERVESCENT SALTS.

Analyses of Sulphate of Quinine Pills.

As we have repeatedly notified the trade, our Sulphate of Quinine Pills are made of Bleached Quinine and contain the correct amount of Quiniæ Sulphas, as represented on the label.

We submit below three analyses of our Sulphate of Quinine Pills obtained at different druggists; the first was made by Mr. Chas. Rice, of New York, one of the editors of the "*New Remedies*," and chemist of Department Public Charities and Correction of New York City, who is well known both personally and by reputation by a large number of physicians and druggists throughout the country. The other two analyses are by Dr. Polenske, former assistant of Prof. Sonnenshein, of Berlin, and now our own analytical chemist.

Our "Hospital Quinine" Pills are made as set forth in our circular of March 27th, which we reprint for the information of those who may not have seen it before.

With the assurance to the trade and medical profession, that we will always manufacture our preparations, as we have in the past, in **perfect good faith,** that we will use the best materials obtainable, increasing our knowledge by every means in our power, for examining and testing all ingredients and perfecting our business, we remain,

Very respectfully, **McKESSON & ROBBINS.**

NEW YORK, APRIL 17th, 1878.

"MESSRS. McKESSON & ROBBINS,

Gentlemen:—Having been requested by you to make an assay of the alkaloids contained in your Gelatine-Coated Quinine Pills, I purchased an original vial, containing 100 2 grain pills, in the store of Mr. Theodore Cole, 409 First Avenue, New York. Each ten of these pills weighed very nearly 34 grains, and the weight of the single pills is very uniform, varying but slightly either way from 3.4 grains. The whole number of pills, (100,) yielded 148.385 grains of anhydrous alkaloid, which was found to be **pure, White Quinia,** free from other cinchona alkaloids. This amount of dry Quinia corresponds to **203.8** grains of **Sulphate of Quinia,** containing 8 molecules of water of crystallization ($2\ C_{20}\ H_{24}\ N_2\ O_2—H_2\ SO_4—8\ H_2\ O$); or to **201.7** grains of **Sulphate of Quinia,** containing 7½ molecules of water of crystallization ($2\ C_{20}\ H_{24}\ N_2\ O_2—H_2\ SO_4—7½\ H_2\ O$), which latter is, as near as possible, the formula of the commercial pure Sulphate of Quinia. The amount of Sulphate of Quinia contained in the 100 pills examined, is therefore a trifle **in excess** of the required quantity, (3.8 grains, or 1.7 grain, according to whatever formula may be adopted for the crystallized salt).

Respectfully CHARLES RICE,
Chemist, Bellevue Hospital, N. Y."

NEW YORK, MARCH 30th, 1878.

"I have analyzed McKesson & Robbins' Gelatine-Coated 5 grs. Sulphate of Quinine Pills, from an original bottle of one hundred, and find that in two analyses of 10 pills each, the result in both cases was 51 grains of pure Sulphate of Quinine.

ED. POLENSKE, Ph. D."

NEW YORK, APRIL 13th, 1878.

"One hundred McKesson & Robbins' Gelatine-Coated 2 grs. Sulphate of Quinine Pills, analyzed by me to-day, contained 198 grains of Sulphate of Quinine. The Sulphate of Quinine obtained from these pills stood the Ether test, as laid down in the U. S. Ph.

ED. POLENSKE, Ph. D."

Circular of March 27th, 1878.

Since we changed, last fall, from Unbleached to Bleached Quinine in the manufacture of our Pills, we have heard from a large number of druggists and physicians stating that the therapeutical effects of the dark pills were better than the "bleached," dose for dose, where a tonic was indicated, and the antiperiodic effects of the former were as well marked. We made the change because we were disappointed in obtaining a uniform article of unbleached Quinine, were deceived in two shipments we received and the analyses of samples from the same package we submitted to different highly reputable chemists varied surprisingly, in fact, analysing Quinine *quantitively* is very difficult, as it depends very largely upon the different solubilities of the alkaloids in water, while the *qualitative* analysis is very simple and reliable.

The curative properties of the other alkaloids of Cinchona Barks have been well attested and the effect of the **combined alkaloids** has been repeatedly asserted to be greater than that of any **one alone.**

In view of these facts, we accordingly propose to offer Pills made of Hospital Quinine, which differs from that which has been known and understood as "unbleached," in the process of manufacture and in the proportion of Quinine. This Hospital Quinine will contain about 50 per cent. of Quinine Sulphate, and the balance, Cinchonidia Sulphate and traces of Quinidia Sulphate; the Cinchonia Sulphate, being less powerful than the other alkaloids is separated.

These pills on account of their lower price will relieve a difficulty, to which a large number of people living in malarious districts have been subjected—the inability to purchase Quinine Pills on account of price, especially when scarcity causes sudden and great advances, as at present—at the same time we believe that confidence may be felt on experiencing equal relief with similar doses.

We will continue, as now, to make our "Quinine Pills" of bleached Quinine, and the white color will readily identify them from our darker Hospital Quinines, which will be labelled "Hospital Quinine." The list of Hospital Quinine Pills we submit below is subject to same discount as our other pills, and will be reduced as soon as the market on Quinine will allow. We call special attention to our Pills of Cinchona Bark Alkaloids, which contain a definite quantity of each of the four alkaloids, one-half grain each Sulphates Quinia, Quinidia, Cinchonia and Cinchonidia.

We annex below list of our Pills of other Cinchona Alkaloids, and remain, soliciting your correspondence and valued orders, Yours respectfully,

March 27th, 1878. **McKESSON & ROBBINS.**

Pills of "HOSPITAL QUININE" and the Cheaper Alkaloids.

"HOSPITAL QUININE," ¼ gr.	70	3 25
"HOSPITAL QUININE," ½ gr.	85	4 00
"HOSPITAL QUININE," 1 gr.	1 40	6 75
"HOSPITAL QUININE," 1½ grs.	1 90	9 25
"HOSPITAL QUININE," 2 grs.	2 50	12 25
"HOSPITAL QUININE," 3 grs.	3 75	18 50
"HOSPITAL QUININE," 4 grs.	4 50	22 25
"HOSPITAL QUININE," 5 grs.	6 00	29 75
Quinidia, Sulphate, 1 gr.	80	3 75
Quinidia, Sulphate, 2 grs.	1 50	7 25
Quinidia, Sulphate, 3 grs.	2 20	10 75
Chinoidine, ¼ and 1 gr.	60	2 75
Chinoidine, 3 grs.	75	3 50
CINCHONA BARK ALKALOIDS. (Quiniæ Sulph., 1-2 gr. / Quinidiæ Sulph., 1-2 gr. / Cinchoniæ Sulph., 1-2 gr. / Cinchonidiæ Sulph., 1-2 gr.)	2 00	9 75
Cinchonia, Sulphate, 3 grs.	1 00	4 75
Cinchonidia, Sulphate, 1 gr.	60	2 75
Cinchonidia, Sulphate, 2 grs.	1 00	4 75
Cinchonidia, Sulphate, 3 grs.	1 50	7 25
Cinchonidia, Sulphate, 5 grs.	2 50	12 25

SEND FOR FORMULA BOOK AND PRICE LIST OF PILLS.

DETROIT MEDICAL COLLEGE.

SESSIONS OF 1878-79.

FACULTY.

PRELIMINARY AND REGULAR SESSIONS.

EDWARD W. JENKS, M.D., President,
Professor of Medical and Surgical Diseases of Women, and Obstetrics.

GEORGE P. ANDREWS, M.D.,
Professor of Principles and Practice of Medicine and Clinical Medicine.

ALBERT B. LYONS, M.D.,
Professor of Chemistry and Toxicology.

THEODORE A. McGRAW, M.D., Treasurer,
Professor of Principles and Practice of Surgery and Clinical Surgery.

C. B. GILBERT, M.D.,
Professor of Materia Medica, Therapeutics and Clinical Diseases of Children.

N. W. WEBBER, M.D.,
Professor of General and Descriptive Anatomy and Clinical Surgery.

LEARTUS CONNOR, M.D., Secretary,
Professor of Physiology and Lecturer on Diseases of the Eye and Ear.

RECITATION SESSION.

H. O. WALKER, M.D.,
Lecturer on Genito-Urinary System and Rectum.

DANIEL LA FERTE, M.D.,
(Demonstrator of Anatomy) and Lecturer on Orthopedic Surgery and Tumors.

J. G. JOHNSON, M.D.,
Lecturer on Diseases of Mind and Nervous System.

J. H. CARSTENS, M.D.,
Lecturer on Differential Diagnosis.

E. L. SHURLY, M.D.,
Lecturer on Diseases of Throat and Lungs.

F. A. SPALDING, M.D,
Lecturer on Diseases of the Skin.

C. C. YEMANS, M.D.,
Lecturer on Chemistry.

JAS. D. MUNSON, M.D.,
Demonstrator of Practical Physiology.

E. A. CHAPOTON, M.D.,
Demonstrator of Practical Microscopy.

The Collegiate Year is divided into three sessions.

PRELIMINARY SESSION opens Wednesday, September 4th, 1878, and continues one month. The Clinics are held and the Lectures delivered by the Professors of the regular Faculty, and in the same order and frequency as during the Winter Term. Opportunity is given to dissect or work in the Chemical and Physiological Laboratories.

The REGULAR SESSION opens Wednesday, October 2d, 1878, and continues five months. During this term all the branches of *General Medicine and Surgery*, both scientific and practical, are taught with care and thoroughness. All students are daily examined on the subjects of the lectures and on their dissecting and laboratory work.

Senior students have *daily practice* in the *art of examining patients*, in forming their own diagnosis, prognosis and treatment. As this is done under the direction of the professor holding each clinic, and in the presence of the class, it constitutes an invaluable course of training.

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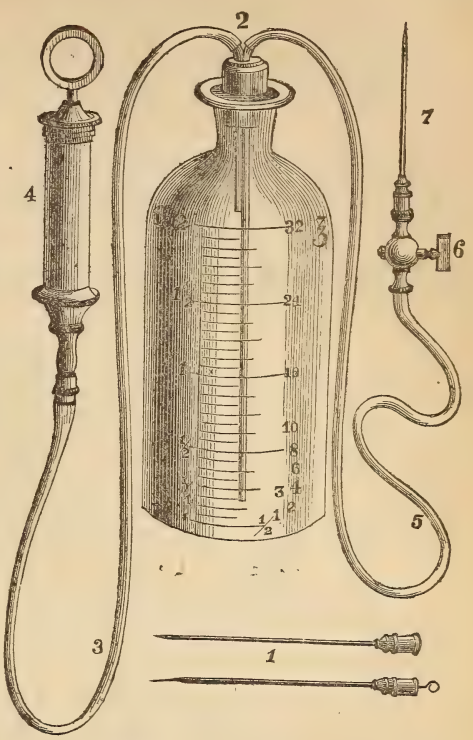

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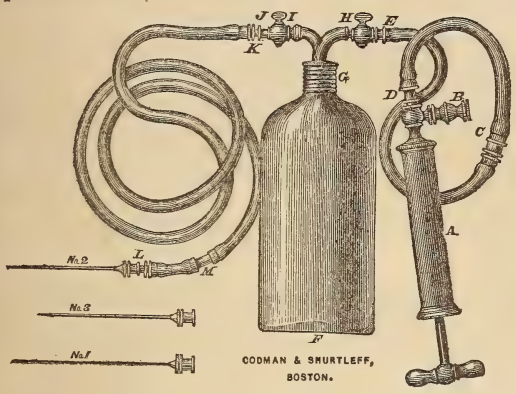
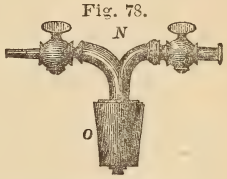


Fig. 77.

Fig. 68.

Fig. 78.



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3d. The substitution, for the ordinary oiled silk valves of other apparatus, of a kind indestructible, both in form and material.

4th. A simple and comparatively inexpensive attachment for evacuating the contents of the stomach, equal, if not superior, to any in use hitherto.

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The very large proportion of *Diastase* renders it most effective in those forms of disease originating in *imperfect digestion of the starchy elements* of food.

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"	"	"	*Cod Liver Oil*,	1.00
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JEFFERSON MEDICAL COLLEGE,

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The Fifty-fourth Session of the Jefferson Medical College will begin on Tuesday, October 1, 1878, and will continue until March 1st, 1879. Preliminary Lectures will be held from Monday 2d September.

PROFESSORS.

JOSEPH PANCOAST, M.D., General, Descriptive and Surgical Anatomy (*Emeritus*).
SAMUEL D. GROSS, M.D., LL.D., D.C.L. Oxon., Institutes and Practice of Surgery.
ELLERSLIE WALLACE, M.D., Obstetrics and Diseases of Women and Children.
JOHN B. BIDDLE, M.D., Materia Medica and General Therapeutics.
J. AITKEN MEIGS, M.D., Institutes of Medicine and Medical Jurisprudence.
J. M. DA COSTA, M.D., Practice of Medicine.
WILLIAM H. PANCOAST, M.D., General, Descriptive and Surgical Anatomy.
ROBERT E. RODGERS, M.D., Medical Chemistry and Toxicology.

Continuous Instruction is given throughout the year (with the exception of the months of July and August), which is free to the matriculates of the Winter Session. The following special subjects are taught during the Preliminary Course in September:—

Medical Jurisprudence, by Professor Meigs.

Dermatology and Syphilitic Diseases, by Dr. F. F. Maury, one of the Surgeons to the Philadelphia Hospital.

Pathological Anatomy, by Dr. Longstreth, Pathologist to the Pennsylvania Hospital.

Operative Surgery, with Operations on the Cadaver, by Dr. John H. Brinton, one of the Surgeons to the Philadelphia Hospital.

Diseases of the Urino-Genital Organs, by Dr. S. W. Gross, one of the Surgeons to the Philadelphia Hospital.

Ophthalmology is treated both clinically and didactically during the entire course, by Dr. William Thomson, one of the Surgeons to the Wills Ophthalmic Hospital.

Laryngoscopy, with Diseases of the Throat, by Dr. J. Solis-Cohen.

The Demonstrator of Surgery, Dr. J. Ewing Mears, delivers a distinct course of ***Demonstrations of Surgery,*** with illustrations on the Cadaver, during the entire session.

Practical Chemistry, with Qualitative and Quantitative Analysis, the Examination of Normal and Abnormal Products, and Manipulation by the student himself, is taught by the Professor of Chemistry, assisted by the Demonstrator, G. M. Ward, M.D.

Practical Anatomy and Morbid Anatomy.—For the study of Practical Anatomy a full supply of material is furnished, free of charge. The anatomical rooms are spacious and provided with every convenience, and not only are subjects for dissection to be had without expense, but there are no incidental or extra charges of any kind. Demonstrator of Anatomy, T. H. Andrews, M.D.

Bedside Instruction is furnished to advanced students. The practical use of the laryngoscope is taught to all candidates for graduation, in classes of convenient size, at the College Hospital, by J. Solis-Cohen, and the use of the ophthalmoscope, by Dr. W. Thomson.

Laboratory Instruction is at the disposal of all the members of the class in the Chemical and Physiological Laboratories, and Practical Instruction in the use of the Microscope is also given.

Post-Mortem Examinations.—During the past winter opportunity was afforded to the graduating class of being present in sections, at autopsies, by Dr. Morris Longstreth, Pathologist to the Jefferson Medical College Hospital and to the Pennsylvania Hospital; and these facilities will be continued during the ensuing session.

The New Hospital of the Jefferson Medical College, which was begun in November, 1875, is now completed and in operation. It is situated immediately west of the College, fronting on Sansom Street, and is bounded on three sides by streets, and by a wide private passage way on the fourth side. It is 107 feet square, five stories in height, and is designed for the easy accommodation of 125 patients. In connection with the Hospital is the Out-door or Dispensary Department, which furnishes much valuable material for clinical instruction. The amphitheatre, provided for Clinical Lectures, is probably the largest and most convenient in the United States, and will seat more than six hundred students. The most approved appliances for heating, ventilation, etc., have been provided, and in architectural construction, and all desirable conveniences, this hospital will be found at least equal to any American clinical hospital. Daily Clinical Lectures are given at the hospital, through the entire year, by members of the Faculty and by the hospital staff, which is constituted as follows:—

Surgeons:	***Physicians:***
JOHN H. BRINTON, M.D.,	J. SOLIS-COHEN, M.D.,
F. F. MAURY, M.D.,	JAMES C. WILSON, M.D.,
S. W. GROSS, M.D.,	JOHN B. ROBERTS, M.D.,
R. J. LEVIS, M.D.	OLIVER P. REX, M.D.
Ophthalmic Surgeon:	***Gynæcologists:***
WILLIAM THOMSON, M.D.	F. H. GETCHELL, M.D.,
	J. EWING MEARS, M.D.,
Aural Surgeon:	***Pathologist:***
L. TURNBULL, M.D.	MORRIS LONGSTRETH, M.D.

A Summer Course of Supplementary Lectures is given, beginning 17th March, 1879, and extended through the months of April, May, and June. There is no additional charge for this Course to matriculates of the College, except a registration fee of five dollars; non-matriculates pay thirty-five dollars, which is, however, credited on the amount of fees paid for the ensuing winter course.

FEES.

For a Full Course	***$140 00***
Matriculation Fee (paid once only)	***5 00***
Graduation Fee	***30 00***

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SESSIONS OF 1878-'79.

THE COLLEGIATE YEAR in this Institution embraces a preliminary Autumnal Term, the Regular Winter Session, and a Spring Session.

THE PRELIMINARY AUTUMNAL TERM for 1878-1879, will open on Wednesday, September 18, 1878, and continue until the opening of the Regular Session. During this term, instruction, consisting of didactic lectures upon special subjects and daily clinical lectures, will be given, as heretofore, by the entire Faculty. Students expecting to attend the Regular Session are strongly recommended to attend the Preliminary Term, but attendance during the latter is not required. *During the Preliminary Term, clinical and didactic lectures will be given in precisely the same number and order as in the Regular Session.*

THE REGULAR SESSION will begin on Wednesday, Oct. 2, 1878, and end about the 1st of March, 1879.

FACULTY.

ISAAC E. TAYLOR, M. D.,
Emeritus Professor of Obstetrics and Diseases of Women, and President of the Faculty.

JAMES R. WOOD, M. D., LL. D.,
Emeritus Professor of Surgery.

FORDYCE BARKER, M. D.,
Professor of Clinical Midwifery and Diseases of Women.

AUSTIN FLINT, M. D.,
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Demonstrator's Ticket (including material for dissection)	10.00
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Matriculation (Ticket good for the following Winter)	$5.00
Recitations, Clinics, and Lectures	35.00
Dissection (Ticket good for the following Winter)	10.00

☞ Students who have attended two full Winter courses of lectures may be examined at the end of their second course, upon Materia Medica, Physiology, Anatomy, and Chemistry, and, if successful, they will be examined at the end of their third course upon Practice of Medicine, Surgery, and Obstetrics only.

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THE READING AND RECITATION TERM will commence October 1, 1878, and close February 14, 1879.
THE REGULAR TERM will open March 1, 1879, and close the last week in June following.

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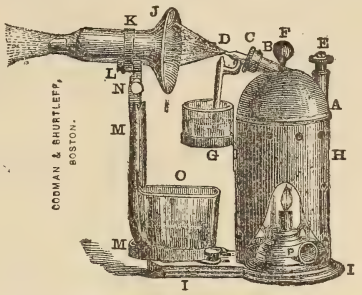

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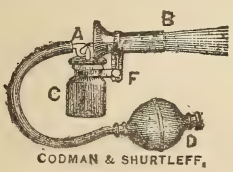

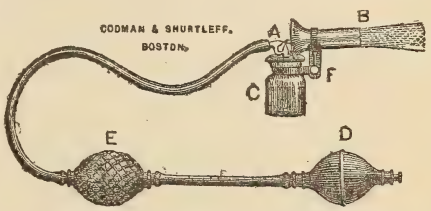

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1090-1115eow

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PROFESSORS.

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ELLERSLIE WALLACE, M.D., Obstetrics and Diseases of Women and Children.
JOHN B. BIDDLE, M.D., Materia Medica and General Therapeutics.
J. AITKEN MEIGS, M.D., Institutes of Medicine and Medical Jurisprudence.
J. M. DA COSTA, M.D., Practice of Medicine.
WILLIAM H. PANCOAST, M.D., General, Descriptive and Surgical Anatomy.
ROBERT E. RODGERS, M.D., Medical Chemistry and Toxicology.

Continuous Instruction is given throughout the year (with the exception of the months of July and August), which is free to the matriculates of the Winter Session. The following special subjects are taught during the Preliminary Course in September:—

Medical Jurisprudence, by Professor Meigs.

Dermatology and Syphilitic Diseases, by Dr. F. F. Maury, one of the Surgeons to the Philadelphia Hospital.

Pathological Anatomy, by Dr. Longstreth, Pathologist to the Pennsylvania Hospital.

Operative Surgery, with Operations on the Cadaver, by Dr. John H. Brinton, one of the Surgeons to the Philadelphia Hospital.

Diseases of the Urino-Genital Organs, by Dr. S. W. Gross, one of the Surgeons to the Philadelphia Hospital.

Ophthalmology is treated both clinically and didactically during the entire course, by Dr. William Thomson, one of the Surgeons to the Wills Ophthalmic Hospital.

Laryngoscopy, with Diseases of the Throat, by Dr. J. Solis-Cohen.

The Demonstrator of Surgery, Dr. J. Ewing Mears, delivers a distinct course of ***Demonstrations of Surgery,*** with illustrations on the Cadaver, during the entire session.

Practical Chemistry, with Qualitative and Quantitative Analysis, the Examination of Normal and Abnormal Products, and Manipulation by the student himself, is taught by the Professor of Chemistry, assisted by the Demonstrator, G. M. Ward, M.D.

Practical Anatomy and Morbid Anatomy.—For the study of Practical Anatomy a full supply of material is furnished, free of charge. The anatomical rooms are spacious and provided with every convenience, and not only are subjects for dissection to be had without expense, but there are no incidental or extra charges of any kind. Demonstrator of Anatomy, T. H. Andrews, M.D.

Bedside Instruction is furnished to advanced students. The practical use of the laryngoscope is taught to all candidates for graduation, in classes of convenient size, at the College Hospital, by J. Solis-Cohen, and the use of the ophthalmoscope, by Dr. W. Thomson.

Laboratory Instruction is at the disposal of all the members of the class in the Chemical and Physiological Laboratories, and Practical Instruction in the use of the Microscope is also given.

Post-Mortem Examinations.—During the past winter opportunity was afforded to the graduating class of being present in sections, at autopsies, by Dr. Morris Longstreth, Pathologist to the Jefferson Medical College Hospital and to the Pennsylvania Hospital; and these facilities will be continued during the ensuing session.

The New Hospital of the Jefferson Medical College, which was begun in November, 1875, is now completed and in operation. It is situated immediately west of the College, fronting on Sansom Street, and is bounded on three sides by streets, and by a wide private passage way on the fourth side. It is 107 feet square, five stories in height, and is designed for the easy accommodation of 125 patients. In connection with the Hospital is the Out-door or Dispensary Department, which furnishes much valuable material for clinical instruction. The amphitheatre, provided for Clinical Lectures, is probably the largest and most convenient in the United States, and will seat more than six hundred students. The most approved appliances for heating, ventilation, etc., have been provided, and in architectural construction, and all desirable conveniences, this hospital will be found at least equal to any American clinical hospital. Daily Clinical Lectures are given at the hospital, through the entire year, by members of the Faculty and by the hospital staff, which is constituted as follows:—

Surgeons:	*Physicians:*
JOHN H. BRINTON, M.D.,	J. SOLIS-COHEN, M.D.,
F. F. MAURY, M.D.,	JAMES C. WILSON, M.D.,
S. W. GROSS, M.D.,	JOHN B. ROBERTS, M.D.,
R. J. LEVIS, M.D.	OLIVER P. REX, M.D.
Ophthalmic Surgeon:	*Gynæcologists:*
WILLIAM THOMSON, M.D.	F. H. GETCHELL, M.D.,
	J. EWING MEARS, M.D.,
Aural Surgeon:	*Pathologist:*
L. TURNBULL, M.D.	MORRIS LONGSTRETH, M.D.

A Summer Course of Supplementary Lectures is given, beginning 17th March, 1879, and extended through the months of April, May, and June. There is no additional charge for this Course to matriculates of the College, except a registration fee of five dollars; non matriculates pay thirty five dollars, which is, however, credited on the amount of fees paid for the ensuing winter course.

FEES.

For a Full Course	$140 00
Matriculation Fee (paid once only)	5 00
Graduation Fee	30 00

Students who have attended two full courses on Materia Medica, Institutes, Anatomy, or Chemistry, may be examined on any of these branches at the end of their second course.

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Bellevue Hospital Medical College,

CITY OF NEW YORK.

MEMBER OF THE AMERICAN MEDICAL COLLEGE ASSOCIATION.

SESSIONS OF 1878-'79.

THE COLLEGIATE YEAR in this Institution embraces a preliminary Autumnal Term, the Regular Winter Session, and a Spring Session.

THE PRELIMINARY AUTUMNAL TERM for 1878-1879, will open on Wednesday, September 18, 1878, and continue until the opening of the Regular Session. During this term, instruction, consisting of didactic lectures upon special subjects and daily clinical lectures, will be given, as heretofore, by the entire Faculty. Students expecting to attend the Regular Session are strongly recommended to attend the Preliminary Term, but attendance during the latter is not required. *During the Preliminary Term, clinical and didactic lectures will be given in precisely the same number and order as in the Regular Session.*

THE REGULAR SESSION will begin on Wednesday, Oct. 2, 1878, and end about the 1st of March, 1879.

FACULTY.

ISAAC E. TAYLOR, M. D.,
Emeritus Professor of Obstetrics and Diseases of Women, and President of the Faculty.

JAMES R. WOOD, M. D., LL. D.,
Emeritus Professor of Surgery.

FORDYCE BARKER, M. D.,
Professor of Clinical Midwifery and Diseases of Women.

AUSTIN FLINT, M. D.,
Professor of the Principles and Practice of Medicine and Clinical Medicine.

W. H. VAN BUREN, M. D.,
Professor of Principles and Practice of Surgery, Diseases of Genito-Urinary System, and Clinical Surgery.

LEWIS A. SAYRE, M. D.,
Professor of Orthopedic Surgery and Clinical Surgery.

ALEXANDER B. MOTT, M. D.,
Professor of Clinical and Operative Surgery.

WILLIAM T. LUSK, M. D.,
Professor of Obstetrics and Diseases of Women and Children, and Clinical Midwifery.

WILLIAM M. POLK, M. D.,
Professor of Materia Medica and Therapeutics, and Clinical Medicine.

AUSTIN FLINT, JR., M. D.,
Professor of Physiology and Physiological Anatomy, and Secretary of the Faculty.

JOSEPH D. BRYANT, M. D.,
Professor of General, Descriptive, and Surgical Anatomy.

R. OGDEN DOREMUS, M. D., LL. D.,
Professor of Chemistry and Toxicology.

EDWARD G. JANEWAY, M. D.,
Professor of Pathological Anatomy and Histology, Diseases of the Nervous System, and Clinical Medicine.

PROFESSORS OF SPECIAL DEPARTMENTS, ETC.

HENRY D. NOYES, M. D.,
Professor of Ophthalmology and Otology.

JOHN P. GRAY, M. D., LL. D.,
Professor of Psychological Medicine and Medical Jurisprudence.

ERSKINE MASON, M. D.,
Clinical Professor of Surgery.

EDWARD L. KEYES, M. D.,
Professor of Dermatology, and Adjunct to the Chair of Principles of Surgery.

J. LEWIS SMITH, M. D.,
Clinical Professor of Diseases of Children.

LEROY MILTON YALE, M. D.,
Lecturer Adjunct upon Orthopedic Surgery.

A distinctive feature of the method of instruction in this College is the union of clinical and didactic teaching. All the lectures are given within the Hospital grounds. During the Regular Winter Session, in addition to four didactic lectures on every week-day, except Saturday, two or three hours are daily allotted to clinical instruction.

The Spring Session consists chiefly of Recitations from Text-books. This term continues from the first of March until the first of June. During this Session, daily recitations in all the departments are held by a corps of examiners appointed by the Faculty. Regular clinics are also given in the Hospital and the College building.

FEES FOR THE REGULAR SESSION.

Fees for Tickets to all the Lectures during the Preliminary and Regular Term, including Clinical Lectures,	$140.00
Matriculation Fee	5.00
Demonstrator's Ticket (including material for dissection)	10.00
Graduation Fee	30.00

FEES FOR THE SPRING SESSION.

Matriculation (Ticket good for the following Winter)	$5.00
Recitations, Clinics, and Lectures	35.00
Dissection (Ticket good for the following Winter)	10.00

☞ Students who have attended two full Winter courses of lectures may be examined at the end of their second course, upon Materia Medica, Physiology, Anatomy, and Chemistry, and, if successful, they will be examined at the end of their third course upon Practice of Medicine, Surgery, and Obstetrics only.

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ANNUAL ANNOUNCEMENT, 1878-79.

THE READING AND RECITATION TERM will commence October 1, 1878, and close February 14, 1879.
THE REGULAR TERM will open March 1, 1879, and close the last week in June following.

SAMUEL G. ARMOR, M.D., LL.D., Professor of the Practice of Medicine, and Dean.
GEORGE W. PLYMPTON, A.M., Professor of Chemistry.
JOSEPH H. RAYMOND, M.D., Professor of Physiology.
DANIEL AYRES, M.D., LL.D., Emeritus Professor of Surgery.
ALEXANDER J. C. SKENE, M.D., Professor of Diseases of Women and Children.
EDWARD SEAMAN BUNKER, M.D., Professor of Obstetrics.
CORYDON L. FORD, M.D., Professor of Anatomy.
JARVIS S. WIGHT, M.D., Professor of Surgery, and Registrar.
JOHN D. RUSHMORE, M.D., Professor of Materia Medica.

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The Recitation Course will commence March 15, 1879.

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Mercury, Proto-Iodide, 1-5, 1-4 and 1-2 gr.
Morphia, Acetate, 1-8 and 1-4 gr.
Morphia, Muriate, 1-8 gr.
Morphia, Sulphate, 1-16, 1-10, 1-8, 1-6, 1-4 gr.
Morphia, Valerianate, 1-8 gr.
Podophyllin, 1-8 and 1-4 gr.
Quinine, 1-4 and 1-2 gr.
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Professor of General and Descriptive Anatomy and Clinical Surgery.

LEARTUS CONNOR, M.D., Secretary,
Professor of Physiology and Lecturer on Diseases of the Eye and Ear.

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Lecturer on Genito-Urinary System and Rectum.

DANIEL LA FERTE, M.D.,
(Demonstrator of Anatomy) and Lecturer on Orthopedic Surgery and Tumors.

J. G. JOHNSON, M.D.,
Lecturer on Diseases of Mind and Nervous System.

J. H. CARSTENS, M.D.,
Lecturer on Differential Diagnosis.

E. L. SHURLY, M.D.,
Lecturer on Diseases of Throat and Lungs.

F. A. SPALDING, M.D.,
Lecturer on Diseases of the Skin.

C. C. YEMANS, M.D.,
Lecturer on Chemistry.

JAS. D. MUNSON, M.D.,
Demonstrator of Practical Physiology.

E. A. CHAPOTON, M.D.,
Demonstrator of Practical Microscopy.

The Collegiate Year is divided into three sessions.

PRELIMINARY SESSION opens Wednesday, September 4th, 1878, and continues one month. The Clinics are held and the Lectures delivered by the Professors of the regular Faculty, and in the same order and frequency as during the Winter Term. Opportunity is given to dissect or work in the Chemical and Physiological Laboratories.

The REGULAR SESSION opens Wednesday, October 2d, 1878, and continues five months. During this term all the branches of *General Medicine and Surgery*, both scientific and practical, are taught with care and thoroughness. All students are daily examined on the subjects of the lectures and on their dissecting and laboratory work.

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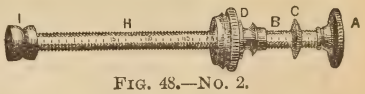

FIG. 48.—No. 2.

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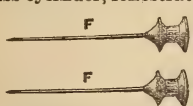
No. 10, glass, Luer's (French), graduation as No. 9, one gold needle and two steel needles, silver mountings, neat velvet-lined morocco case	*12.00*	.02

No. 11, glass cylinder, fenestrated, nickel-plated metal mounting (see cut).



No. 11.

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The Introductory to the course will be delivered Tuesday evening, October 1st, at 8 o'clock, by James E. Garretson, M.D., D.D.S., Professor of General Surgery.

FEE FOR THE COURSE, - - - - - - $100
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The Thirty-second Annual Session of STARLING MEDICAL COLLEGE will begin on Oct. 2d, preceded by a Preliminary Session, beginning Sept. 4th.

FEES.

Matriculation	$5 00
Professors' Tickets, in full	40 00
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PURE PEROXIDE OF IRON,

IN SOLUTION, WITHOUT THE AID OF ACIDS OR OTHER SOLVENTS.

It is nearly tasteless, does not blacken the teeth, is very readily absorbed, will not constipate, nor cause any disturbance of the digestive apparatus, and is tolerated by persons who could not support any other preparation of iron. It is offered in the form of a **solution,** which is generally preferred; or of an **elixir,** when a slight stimulant is desired.

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These preparations have been approved by the Academy of Medicine of Paris, and have been thoroughly tested in the hospitals of Paris in the treatment of *Syphilitic, Scrofulous* and other affections requiring the use of iodized remedies.

They are recommended for the utmost accuracy of composition, and their perfect preservation.

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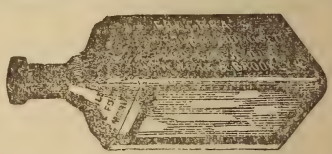
FOUGERA'S COMPOUND IODINISED
COD LIVER OIL.



Since the introduction of this oil in 1858, it has been found to be superior to all other kinds of Cod Liver Oil for the treatment of **General Debility, Consumption, Scrofula, Rickets, etc.**

It possesses not only all the **nourishing** qualities of the best Cod Liver Oil, but also the **tonic, stimulant** and **alterative** properties of **Iodine, Bromine** and **Phosphorus,** which are added in such proportions as to render it therapeutically five times as efficacious as pure Cod Liver Oil.

Through its **increased curative action, FOUGERA'S COD LIVER OIL** will be found to cure disease in a much shorter time than the pure oil; while favorable results will be obtained by its use in many advanced cases when the pure Cod Liver Oil would fail entirely.

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A most useful, convenient, clean, and economical preparation. Not liable to change, if kept in a dry place. Made of two strengths. Plasters No. 1, of pure mustard; Plasters No. 2, of one-half mustard. Price 40 cents, the tin box, or tin roll, of 10 plasters each. DIRECTIONS.—Dip the Plaster, or Plasters, a minute or two, in cold water; apply on the part, and cover with a band.

FOUGERA'S COMPOUND ICELAND MOSS PASTE.

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Used with great success against nervous and convulsive coughs, Whooping Cough, Acute Bronchitis, Chronic Catarrh, Influenza, etc.

Wakefulness, Cough, and other sufferings in Consumption, are greatly relieved by the soothing and expectorant properties of this Paste.

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Sugar of Milk.....40 ounces.	Veg. Ptyalin or Diastase.....4 drachms.
Pepsin.....8 ounces.	Lactic Acid.....5 fl. drachms.
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A. VAN DEVEER, M.D.,
ALBANY, N. Y., June 8th, 1878.
Prof. of the Prin. and Prac. of Surg., Albany Med. Col.; Surg. Albany and St. Peter's Hospitals.
"I have given LACTOPEPTINE a good thorough trial, and have been greatly pleased with the excellent results that have followed its administration."

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WASHINGTON, D. C., June 19th, 1878.
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"I have used LACTOPEPTINE both in hospital and private practice, and have found it to answer fully the purposes for which it is recommended. As an immediate aid to the digestive function, I know of no remedy which acts more directly."

D. W. YANDELL, M.D.,
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"I have made much use of LACTOPEPTINE, and take great pleasure in stating that it has rarely disappointed me. I shall, of course, continue to prescribe it."

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Originators and Manufacturers of

U. S. PHARMACOPŒIA MEDICINAL AND SURGICAL

PLASTERS, POROUS AND SPREAD IN RUBBER COMBINATION,

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Received highest and only Award (Medal and Special Diploma of Merit) over all Foreign and Home Competitors in 1876.

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ORIGINALITY.—The successful application of Rubber as a base for all medicinal and mechanical plasters.

RELIABILITY and general excellence of manufactures.

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India-rubber-spread and Porous Plasters possess indisputable advantages over all other Plasters: (1) The Rubber combination preserves the incorporated drug or extract from decomposition or volatilization; (2) They adhere closer and firmer; (3) They do not soil the skin or linen; (4) They are always pliable, and never become hard or brittle; (5) They adhere without heat or moisture; (6) An increased effect obtained by being porous, as the Plaster neither slides nor moves from its affixed position.

BELLADONNA PLASTER, U. S. P.

IN RUBBER COMBINATION.

Messrs. SEABURY & JOHNSON claim that theirs is the most thoroughly reliable and only strictly officinal Belladonna Plaster ever offered the medical profession. It is an improvement on other Belladonna Plasters in several important particulars. First, it is incorporated with the officinal alcoholic extract only. Secondly, it is freed from all stimulating qualities, thereby insuring the uninfluenced sedative action of Belladonna. Thirdly, it adheres with greater tenacity than others. Physicians have been prejudiced in favor of Allen's English Extract; but recent analysis, fairly conducted by competent chemists, emphatically condemns the Inspissated Extract as a mild and unstable product, representing but one-half or less than one-half of the strength of the U. S. P. Alcoholic Extract of Belladonna. The following result, published in the *American Journal of Pharmacy*, in April, 1876, page 145, is furnished for your consideration, which indicates the following percentage of Atropia in the respective extracts:—

Alcoholic Extract Belladonna, U. S. P......2,571
Allen's English Extract.....1,411
Herring's English Extract.....1,179

The practitioner, as well as ourselves, has but one choice.

Considering these features from a professional standpoint, we offer a Belladonna plaster which cannot be improved upon.

SALICYLATED SURGEONS' RUBBER ADHESIVE PLASTER

This article has met with unprecedented success, and has been emphatically pronounced by our most skillful General and Orthopædic Surgeons, as "the best Surgeons' Adhesive Plaster known." It is applied without heat or moisture, conforms quickly to the parts; is perfectly flexible and waterproof, and is ready for use at any moment. It is free from irritating properties and very healing. In counter-extension it has no equal, as it does not move or slide after being applied. Our India-rubber Adhesive Plaster is also spread on twilled linen, which resists the most powerful strain. In addition to these general improvements, the plaster being impervious to water, wounds can be cleansed without removing the plaster, obviating the necessity of constant redressing, saving labor and time. **Whenever continued powerful adhesion is required, it should be procured in porous form.**

MUSTARD PLASTER (spread on Cotton Cloth).

Our Mustard Plaster is a decided improvement over the best French makes; the mustard is manipulated so as to exclude all the moisture, retaining unimpaired by such treatment, its essential properties. They are always reliable, conform quickly to the part, and when thoroughly wet do not break into pieces, as is the case with all other mustard plasters. They do not crack or peel off, and can be removed without soiling the skin or linen. Being **manufactured only of pure mustard,** they are perfectly free from Croton Oil or other dangerous substitutes, often employed to induce intense irritation.

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U. S. P. STRENGTH.

This article has a splendid reputation; its characteristic action is not impaired by age in any climate. The whole fly is incorporated, which, by constant manipulation is thoroughly and beautifully combined with the plaster. **Its properties are developed quicker, and it blisters in less time than the cerate.** It never fails to blister when used as directed. In addition to its superior efficacy as a vesicant, we incorporate a sufficient quantity of Camphor, which, with the Olive Oil used on the face of the plaster, **prevents Strangury.** This improvement will be appreciated by every practitioner. It is more reliable than any known cantharidal preparation.

CAPSICUM PLASTER.

Recently this article has crept into favor with our most esteemed physicians, and judging from results, it is doubtless the best rubefacient known. It has the specific action of mustard without its objections. The characteristic action of Capsicum is uniformly maintained from twenty-four to forty-eight hours, without blistering, being mild, continuous, and stimulating. This plaster is spread in rubber combination and in porous form. Experience has taught practitioners that the Oleo Resin of Capsicum is too violent, frequently vesicating; we incorporate the crude drug in sufficient quantity, without risk to the patient. Our Capsicum Plasters will be found more practical for general use than the **so-called Mustard or Capsicum Papers.**

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QUALITY IS OF GREAT IMPORTANCE TO THE PRACTITIONER: BY RELIABLE PREPARATIONS HE SUPPLEMENTS HIS OWN SKILL. You can therefore rest assured that every article we manufacture is of strict pharmacopœia strength, and incorporated with perfectly reliable Extracts and Drugs, well selected, carefully and conscientiously prepared, and manufactured invariably under the personal superintendence of one of our firm. OUR WHOLE ATTENTION AND STUDY IS DEVOTED ENTIRELY TO THE ART OF PLASTER MAKING, and we are ready at all times to receive suggestions from the fraternity, which may be of benefit to all.

SEABURY & JOHNSON,

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ALWAYS SPECIFY SEABURY & JOHNSON'S PLASTERS.

PNEUMATIC ASPIRATION,

AFTER THE MANNER OF DIEULAFOY.

"It is always possible, owing to Aspiration, to search for a fluid collection without any danger, whatever may be its seat or its nature."

"I have thrust these needles into almost every part of the body; into the Joints the Liver, the Spleen, the Bladder, the Intestines, the Lungs and the Meninges; and I can affirm, and a great number of observers affirm with me, that we have never seen consecutive accidents."—*Dieulafoy on Pneumatic Aspiration*, pp. 21, 24.

We invite the attention of the Medical Profession to this New Apparatus for Aspiration, constructed upon the general plan of Potain's modification of Dieulafoy's Aspirator, but containing the following improvements and inventions of our own:—

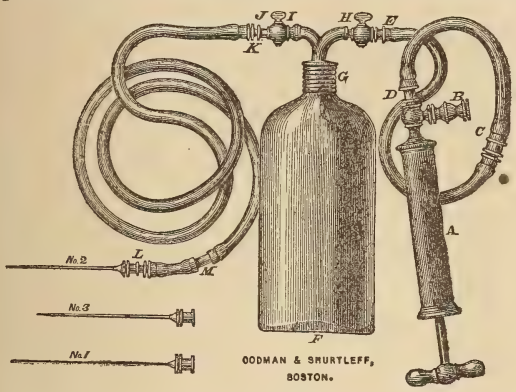

Fig. 77.

Fig. 68.

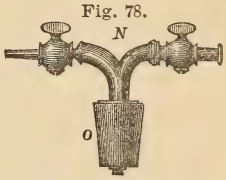

Fig. 78.

The Stopper and Cocks supplied with Apparatus No. 2.

1st. Means of changing the pump from an exhaust to a force-pump, and *vice versa*, thereby enabling the operator not only to draw an abnormal fluid, but to inject the cavity through the tubes and needle of the apparatus with one adapted to induce healthy action.—*See Dieulafoy on Aspiration*, pp. 276, 278.

2d. The employment, in our apparatus No. 1, of a metal Screw Cap, fitting the neck of the receiver supplied with this apparatus so securely that it cannot be forced from its place by condensed air while injecting, or accidentally removed while the receiver is in a state of vacuum for aspiration

3d. The substitution, for the ordinary oiled silk valves of other apparatus, of a kind indestructible, both in form and material.

4th. A simple and comparatively inexpensive attachment for evacuating the contents of the stomach, equal, if not superior, to any in use hitherto.

Commendations bestowed upon our Aspirators, by physicians familiar with the latest European and American ones, lead us to believe that, in some important particulars, at least, they are superior to any.

In his work on Pneumatic Aspiration, Dieulafoy shows the harmlessness of the Aspiratory puncture, and its great superiority to the Exploring Trocar as a means of accurate diagnosis in all collections of Pathological Fluids. It has been used with unprecedented success in the Retention of Urine, Reduction of Strangulated Hernia, in Ascites, Hydrothorax, Empyema, Pneumothorax, Effusions into the Pericardium, Serous, Purulent and Hematic Effusions of the Knee, Hydrocele, Hydatid Cysts, Abscesses of the Liver, and in various other Pathological Lesions.

PRICES OF APPARATUS.

No. 1. Air Pump—exhaust or condensing as described; 16 oz. receiver, of strong glass, with screw-cap; three steel, gold plated Aspiratory Needles, together with the necessary tubes, stop-cocks, etc., as shown in Fig. 77, fitted in a neat case, accompanied with printed directions.....$18 00

No. 2. The same, without receiver, and with rubber stopper (see Fig. 78) to fit almost any bottle of quart capacity, or less, instead of screw-cap arrangement, also with printed directions..... 16 00

No. 3. Dieulafoy's Notched Aspirator, Nickel-plated, with two Needles, Tubes, etc., in case.....$14 00

No. 4. Stomach Attachment, as described, adapted to pump accompanying Nos. 1 and 2, additional..... 6 00

The foregoing are the product of our own factory, and are warranted in every respect.

Also, **Dieulafoy on Pneumatic Aspiration,** post-paid, by mail, on receipt of..... 3 40

☞ *Full description on application.*

An illustrated Catalogue of Surgical Instruments, also a New Pamphlet on Atomization of Liquids, with description of Improved Apparatus and Formulæ of Remedies successfully employed, will be forwarded, post-paid, on application.

CODMAN & SHURTLEFF,

Makers of Surgical Instruments,

13 and 15 Tremont Street, Boston.

N. B.—See our other advertisement in alternate numbers of the REPORTER. 1088-1139eow

☞ In corresponding with Advertisers please mention the MEDICAL AND SURGICAL REPORTER.

The Trommer Extract of Malt Company guarantee to the Medical Profession the excellent quality and absolute reliability of their Extract of Malt. and all its combinations.

Extract of Malt,

WITH COD-LIVER OIL,

FIRST PROPOSED BY DR. F. H. DAVIS, OF CHICAGO,

(See Transactions of American Medical Association, for 1876, page 176.)

Is presented to the medical profession as an efficient, palatable and very stable combination, consisting of equal parts of the ***Extract of Canadian Barley Malt*** and the best quality of genuine ***Norwegian Cod-liver Oil.*** Many patients take this preparation who cannot take the oil in any other form. It may be employed in all cases where Cod-liver Oil is appropriate, but is peculiarly adapted to those complicated with disordered digestion.

Extract of Malt,

WITH COD-LIVER OIL AND PHOSPHORUS,

Consists of equal parts of Extract of Malt and pure fresh Norwegian Cod-liver Oil, Phosphorus being added in the proportion of $\frac{1}{100}$ grain to the dose, and so combined as to be perfectly protected from oxidation. The ***Trommer Extract of Malt Company*** prepare this combination agreeably to the suggestion of ***Dr. Wilson Fox.*** It is specially adapted to cases of phthisis, bronchitis, pernicious anæmia, and diseases of the nervous system.

Extract of Malt,

WITH COD-LIVER OIL AND IODIDE OF IRON

added in the proportion of one grain to the dose. This combination is intended to meet those cases where the physician desires to add a more energetic alterative and restorative to the treatment with Cod-liver Oil and Extract of Malt. The manufacturers have received numerous letters from prominent physicians, referring to it in terms of high praise.

1090-1115eow

JEFFERSON MEDICAL COLLEGE,

PHILADELPHIA.

The Fifty-fourth Session of the Jefferson Medical College will begin on Tuesday, October 1, 1878, and will continue until March 1st, 1879. Preliminary Lectures will be held from Monday 2d September.

PROFESSORS.

JOSEPH PANCOAST, M.D., General, Descriptive and Surgical Anatomy (*Emeritus*).
SAMUEL D. GROSS, M.D., LL.D., D.C.L. Oxon., Institutes and Practice of Surgery.
ELLERSLIE WALLACE, M.D., Obstetrics and Diseases of Women and Children.
JOHN B. BIDDLE, M.D., Materia Medica and General Therapeutics.
J. AITKEN MEIGS, M.D., Institutes of Medicine and Medical Jurisprudence.
J. M. DA COSTA, M.D., Practice of Medicine.
WILLIAM H. PANCOAST, M.D., General, Descriptive and Surgical Anatomy.
ROBERT E. RODGERS, M.D., Medical Chemistry and Toxicology.

Continuous Instruction is given throughout the year (with the exception of the months of July and August), which is free to the matriculates of the Winter Session. The following special subjects are taught during the Preliminary Course in September:—

Medical Jurisprudence, by Professor Meigs.

Dermatology and Syphilitic Diseases, by Dr. F. F. Maury, one of the Surgeons to the Philadelphia Hospital.

Pathological Anatomy, by Dr. Longstreth, Pathologist to the Pennsylvania Hospital.

Operative Surgery, with Operations on the Cadaver, by Dr. John H. Brinton, one of the Surgeons to the Philadelphia Hospital.

Diseases of the Urino-Genital Organs, by Dr. S. W. Gross, one of the Surgeons to the Philadelphia Hospital.

Ophthalmology is treated both clinically and didactically during the entire course, by Dr. William Thomson, one of the Surgeons to the Wills Ophthalmic Hospital.

Laryngoscopy, with Diseases of the Throat, by Dr. J. Solis-Cohen.

The Demonstrator of Surgery, Dr. J. Ewing Mears, delivers a distinct course of ***Demonstrations of Surgery,*** with illustrations on the Cadaver, during the entire session.

Practical Chemistry, with Qualitative and Quantitative Analysis, the Examination of Normal and Abnormal Products, and Manipulation by the student himself, is taught by the Professor of Chemistry, assisted by the Demonstrator, G. M. Ward, M.D.

Practical Anatomy and Morbid Anatomy.—For the study of Practical Anatomy a full supply of material is furnished, free of charge. The anatomical rooms are spacious and provided with every convenience, and not only are subjects for dissection to be had without expense, but there are no incidental or extra charges of any kind. Demonstrator of Anatomy, T. H. Andrews, M.D.

Bedside Instruction is furnished to advanced students. The practical use of the laryngoscope is taught to all candidates for graduation, in classes of convenient size, at the College Hospital, by J. Solis-Cohen, and the use of the ophthalmoscope, by Dr. W. Thomson.

Laboratory Instruction is at the disposal of all the members of the class in the Chemical and Physiological Laboratories, and Practical Instruction in the use of the Microscope is also given.

Post-Mortem Examinations.—During the past winter opportunity was afforded to the graduating class of being present in sections, at autopsies, by Dr. Morris Longstreth, Pathologist to the Jefferson Medical College Hospital and to the Pennsylvania Hospital; and these facilities will be continued during the ensuing session.

The New Hospital of the Jefferson Medical College, which was begun in November, 1875, is now completed and in operation. It is situated immediately west of the College, fronting on Sansom Street, and is bounded on three sides by streets, and by a wide private passage way on the fourth side. It is 107 feet square, five stories in height, and is designed for the easy accommodation of 125 patients. In connection with the Hospital is the Out-door or Dispensary Department, which furnishes much valuable material for clinical instruction. The amphitheatre, provided for Clinical Lectures, is probably the largest and most convenient in the United States, and will seat more than six hundred students. The most approved appliances for heating, ventilation, etc., have been provided, and in architectural construction, and all desirable conveniences, this hospital will be found at least equal to any American clinical hospital. Daily Clinical Lectures are given at the hospital, through the entire year, by members of the Faculty and by the hospital staff, which is constituted as follows:—

Surgeons:	*Physicians:*
JOHN H. BRINTON, M.D.,	J. SOLIS-COHEN, M.D.,
F. F. MAURY, M.D.,	JAMES C. WILSON, M.D.,
S. W. GROSS, M.D.,	JOHN B. ROBERTS, M.D.,
R. J. LEVIS, M.D.	OLIVER P. REX, M.D.
Ophthalmic Surgeon:	*Gynæcologists:*
WILLIAM THOMSON, M.D.	F. H. GETCHELL, M.D.,
	J. EWING MEARS, M.D.,
Aural Surgeon:	*Pathologist:*
L. TURNBULL, M.D.	MORRIS LONGSTRETH, M.D.

A Summer Course of Supplementary Lectures is given, beginning 17th March, 1879, and extended through the months of April, May, and June. There is no additional charge for this Course to matriculates of the College, except a registration fee of five dollars; non-matriculates pay thirty-five dollars, which is, however, credited on the amount of fees paid for the ensuing winter course.

FEES.

For a Full Course	*$140 00*
Matriculation Fee (paid once only)	*5 00*
Graduation Fee	*30 00*

Students who have attended two full courses on Materia Medica, Institutes, Anatomy, or Chemistry, may be examined on any of these branches at the end of their second course.

The Annual Announcement will be sent, on application to

1116-1122eow1123, 1124, 1126 J. B. BIDDLE, M.D., Dean.

Bellevue Hospital Medical College,

CITY OF NEW YORK.

MEMBER OF THE AMERICAN MEDICAL COLLEGE ASSOCIATION.

SESSIONS OF 1878-'79.

THE COLLEGIATE YEAR in this Institution embraces a preliminary Autumnal Term, the Regular Winter Session, and a Spring Session.

THE PRELIMINARY AUTUMNAL TERM for 1878-1879, will open on Wednesday, September 18, 1878, and continue until the opening of the Regular Session. During this term, instruction, consisting of didactic lectures upon special subjects and daily clinical lectures, will be given, as heretofore, by the entire Faculty. Students expecting to attend the Regular Session are strongly recommended to attend the Preliminary Term, but attendance during the latter is not required. *During the Preliminary Term, clinical and didactic lectures will be given in precisely the same number and order as in the Regular Session.*

THE REGULAR SESSION will begin on Wednesday, Oct. 2, 1878, and end about the 1st of March, 1879.

FACULTY.

ISAAC E. TAYLOR, M. D.,
Emeritus Professor of Obstetrics and Diseases of Women, and President of the Faculty.

JAMES R. WOOD, M. D., LL. D.,
Emeritus Professor of Surgery.

FORDYCE BARKER, M. D.,
Professor of Clinical Midwifery and Diseases of Women.

AUSTIN FLINT, M. D.,
Professor of the Principles and Practice of Medicine and Clinical Medicine.

W. H. VAN BUREN, M. D.,
Professor of Principles and Practice of Surgery, Diseases of Genito-Urinary System, and Clinical Surgery.

LEWIS A. SAYRE, M. D.,
Professor of Orthopedic Surgery and Clinical Surgery.

ALEXANDER B. MOTT, M. D.,
Professor of Clinical and Operative Surgery.

WILLIAM T. LUSK, M. D.,
Professor of Obstetrics and Diseases of Women and Children, and Clinical Midwifery.

WILLIAM M. POLK, M. D.,
Professor of Materia Medica and Therapeutics, and Clinical Medicine.

AUSTIN FLINT, JR., M. D.,
Professor of Physiology and Physiological Anatomy, and Secretary of the Faculty.

JOSEPH D. BRYANT, M. D.,
Professor of General, Descriptive, and Surgical Anatomy.

R. OGDEN DOREMUS, M. D., LL. D.,
Professor of Chemistry and Toxicology.

EDWARD G. JANEWAY, M. D.,
Professor of Pathological Anatomy and Histology, Diseases of the Nervous System, and Clinical Medicine.

PROFESSORS OF SPECIAL DEPARTMENTS, ETC.

HENRY D. NOYES, M. D.,
Professor of Ophthalmology and Otology.

JOHN P. GRAY, M. D., LL. D.,
Professor of Psychological Medicine and Medical Jurisprudence.

ERSKINE MASON, M. D.,
Clinical Professor of Surgery.

EDWARD L. KEYES, M. D.,
Professor of Dermatology, and Adjunct to the Chair of Principles of Surgery.

J. LEWIS SMITH, M. D.,
Clinical Professor of Diseases of Children.

LEROY MILTON YALE, M. D.,
Lecturer Adjunct upon Orthopedic Surgery.

A distinctive feature of the method of instruction in this College is the union of clinical and didactic teaching. All the lectures are given within the Hospital grounds. During the Regular Winter Session, in addition to four didactic lectures on every week-day, except Saturday, two or three hours are daily allotted to clinical instruction.

The Spring Session consists chiefly of Recitations from Text-books. This term continues from the first of March until the first of June. During this Session, daily recitations in all the departments are held by a corps of examiners appointed by the Faculty. Regular clinics are also given in the Hospital and the College building.

FEES FOR THE REGULAR SESSION.

Fees for Tickets to all the Lectures during the Preliminary and Regular Term, including Clinical Lectures,	$140.00
Matriculation Fee	5.00
Demonstrator's Ticket (including material for dissection)	10.00
Graduation Fee	30.00

FEES FOR THE SPRING SESSION.

Matriculation (Ticket good for the following Winter)	$5.00
Recitations, Clinics, and Lectures	35.00
Dissection (Ticket good for the following Winter)	10.00

☞ Students who have attended two full Winter courses of lectures may be examined at the end of their second course, upon Materia Medica, Physiology, Anatomy, and Chemistry, and, if successful, they will be examined at the end of their third course upon Practice of Medicine, Surgery, and Obstetrics only.

For the Annual Circular and Catalogue, giving regulations for graduation and other information, address Prof. AUSTIN FLINT, Jr., Secretary, Bellevue Hospital Medical College.

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ANNUAL ANNOUNCEMENT, 1878-79.

THE READING AND RECITATION TERM will commence October 1, 1878, and close February 14, 1879.
THE REGULAR TERM will open March 1, 1879, and close the last week in June following.

SAMUEL G. ARMOR, M.D., LL.D., Professor of the Practice of Medicine, and Dean.

GEORGE W. PLYMPTON, A.M., Professor of Chemistry.

JOSEPH H. RAYMOND, M.D., Professor of Physiology.

DANIEL AYRES, M.D., LL.D., Emeritus Professor of Surgery.

ALEXANDER J. C. SKENE, M.D., Professor of Diseases of Women and Children.

EDWARD SEAMAN BUNKER, M.D., Professor of Obstetrics.

CORYDON L. FORD, M.D., Professor of Anatomy.

JARVIS S. WIGHT, M.D., Professor of Surgery, and Registrar.

JOHN D. RUSHMORE, M.D., Professor of Materia Medica.

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Pennsylvania College of Dental Surgery.

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The regular Winter Session for 1878-79 will commence on Tuesday, October 1, 1878, and continue five months, in the new and commodious college building, on Twelfth Street, below Arch. The size and equipment of the rooms in this building will enable the Faculty to offer the Dental student the advantages accruing from lecture-rooms with high ceilings and comfortable seatings, clinical rooms with an abundance of light, well-furnished laboratories, mechanical and chemical, and a large and well-lighted and well-ventilated dissecting room. For further information, address

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HARD RUBBER INSTRUMENTS AND PRICE LIST.

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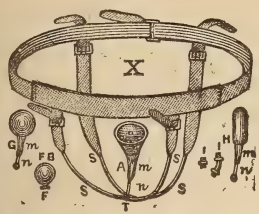

Spring Stem Cup A.—Complete on Belt X, $7.00; on XX, $9.00; on Y, $8.00; and on Z, $6.00. Without belt on SS, $5.00.

Anteversion C, Globe Top G, and Oblong H, in price the same as A, with similar attachments.

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Duplicate Cups—A, $2.00; E, 3.00; Globe Tops G, with attachments to screw on A or E Stem $2.00.

P. S.—Shifting Top, with solid or no Spring Stem, 50 cents less on either belt. No Shifting Top Stem sold alone.

Self-Sustaining Globe B, or Cup D, $1.50 each.

Gums are mailed, 2 at 20 cts; 4 at 35 cts; and Springs at 3 cts. each.

Abdominal Supporters. *2.* *3.*

Price, $4.00. Price, $3.00.

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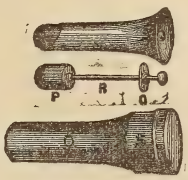

Prices.—The series encased, $14.00. With complete but non-shifting conductor, $2.50 each. Flesh color enameled inside.

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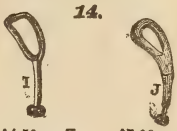
STEM LEVERS. *14.*



$4.50 on Z, $7.00 on X.

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Spring Stem J—The same as Spring Stem Cup A, Fig. 1, on either belt.

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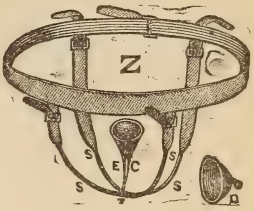
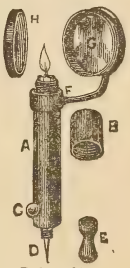


Price, $4.50. Including Cup D, $6.00. Or E C, on Abdominal Belt X, $5.50. X X, $7.50. Y, $6.50. Including D, on each, $1.50 extra.

REFLECTOR, OR DENTISTS' LIGHT. *10.*



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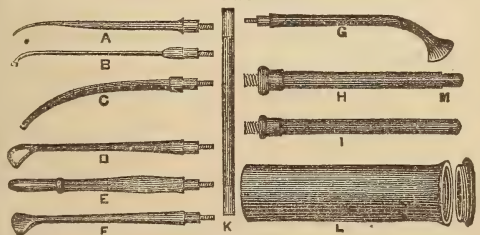

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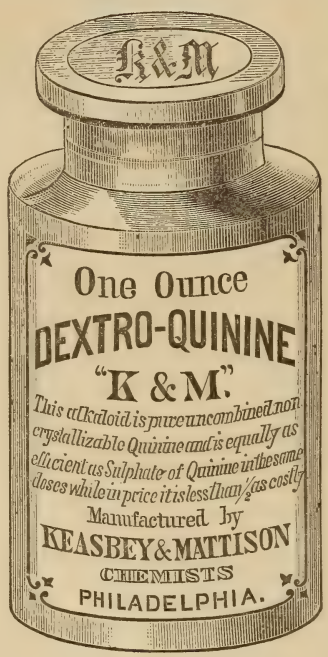
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Corros. Sublimate,	1-100, 1-40, 1-30 & 1-20 gr.
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Mercury, Cyanide,	1-20 gr.
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Remedy and preventive in sick headache.	
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Cannabis Indica Extract,	1-2 and 1 gr.
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A convenient form of administration.	
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A better hypnotic than Brom. Pot.	
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SESSIONS OF 1878-79.

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Professor of Chemistry and Toxicology.

THEODORE A. McGRAW, M.D., Treasurer,
Professor of Principles and Practice of Surgery and Clinical Surgery.

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N. W. WEBBER, M.D.,
Professor of General and Descriptive Anatomy and Clinical Surgery.

LEARTUS CONNOR, M.D., Secretary,
Professor of Physiology and Lecturer on Diseases of the Eye and Ear.

RECITATION SESSION.

H. O. WALKER, M.D.,
Lecturer on Genito-Urinary System and Rectum.

DANIEL LA FERTE, M.D.,
(Demonstrator of Anatomy) and Lecturer on Orthopedic Surgery and Tumors.

J. G. JOHNSON, M.D.,
Lecturer on Diseases of Mind and Nervous System.

J. H. CARSTENS, M.D.,
Lecturer on Differential Diagnosis.

E. L. SHURLY, M.D.,
Lecturer on Diseases of Throat and Lungs.

F. A. SPALDING, M.D,
Lecturer on Diseases of the Skin.

C. C. YEMANS, M.D.,
Lecturer on Chemistry.

JAS. D. MUNSON, M.D.,
Demonstrator of Practical Physiology.

E. A. CHAPOTON, M.D.,
Demonstrator of Practical Microscopy.

The Collegiate Year is divided into three sessions.

PRELIMINARY SESSION opens Wednesday, September 4th, 1878, and continues one month. The Clinics are held and the Lectures delivered by the Professors of the regular Faculty, and in the same order and frequency as during the Winter Term. Opportunity is given to dissect or work in the Chemical and Physiological Laboratories.

The REGULAR SESSION opens Wednesday, October 2d, 1878, and continues five months. During this term all the branches of *General Medicine and Surgery*, both scientific and practical, are taught with care and thoroughness. All students are daily examined on the subjects of the lectures and on their dissecting and laboratory work.

Senior students have *daily practice* in the *art of examining patients*, in forming their own diagnosis, prognosis and treatment. As this is done under the direction of the professor holding each clinic, and in the presence of the class, it constitutes an invaluable course of training.

The RECITATION SESSION begins second Wednesday in March, 1879, and continues four months. Daily during this term there will be held a lecture, recitation and one or two clinics. The lectures will be upon special subjects of medical or surgical interest.

The recitations will embrace the general subjects of the Regular Session, viz., Anatomy, Surgery, Midwifery, Diseases of Women, Physiology, Practice of Medicine, Materia Medica and Chemistry.

Though the Recitation and Preliminary Sessions are optional, it is hoped that all who can will avail themselves of their manifest advantages in supplementing the regular winter course.

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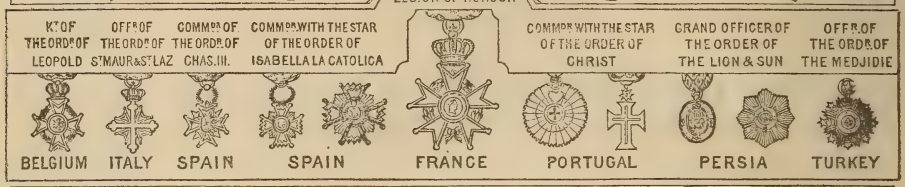
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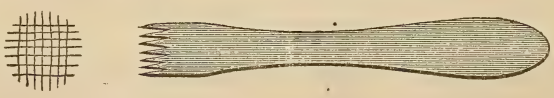

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THE REGULAR SESSION will begin on Wednesday, Oct. 2, 1878, and end about the 1st of March, 1879.

FACULTY.

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JAMES R. WOOD, M. D., LL. D.,
Emeritus Professor of Surgery.

FORDYCE BARKER, M. D.,
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AUSTIN FLINT, JR., M. D.,
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JOSEPH D. BRYANT, M. D.,
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ERSKINE MASON, M. D.,
Clinical Professor of Surgery.

EDWARD L. KEYES, M. D.,
Professor of Dermatology, and Adjunct to the Chair of Principles of Surgery.

J. LEWIS SMITH, M. D.,
Clinical Professor of Diseases of Children.

LEROY MILTON YALE, M. D.,
Lecturer Adjunct upon Orthopedic Surgery.

A distinctive feature of the method of instruction in this College is the union of clinical and didactic teaching. All the lectures are given within the Hospital grounds. During the Regular Winter Session, in addition to four didactic lectures on every week-day, except Saturday, two or three hours are daily allotted to clinical instruction.

The Spring Session consists chiefly of Recitations from Text-books. This term continues from the first of March until the first of June. During this Session, daily recitations in all the departments are held by a corps of examiners appointed by the Faculty. Regular clinics are also given in the Hospital and the College building.

FEES FOR THE REGULAR SESSION.

Fees for Tickets to all the Lectures during the Preliminary and Regular Term, including Clinical Lectures,	$140.00
Matriculation Fee	5.00
Demonstrator's Ticket (including material for dissection)	10.00
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FEES FOR THE SPRING SESSION.

Matriculation (Ticket good for the following Winter)	$5.00
Recitations, Clinics, and Lectures	35.00
Dissection (Ticket good for the following Winter)	10.00

☞ Students who have attended two full Winter courses of lectures may be examined at the end of their second course, upon Materia Medica, Physiology, Anatomy, and Chemistry, and, if successful, they will be examined at the end of their third course upon Practice of Medicine, Surgery, and Obstetrics only.

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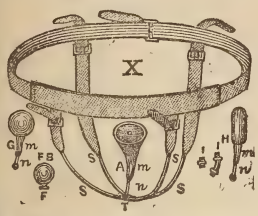

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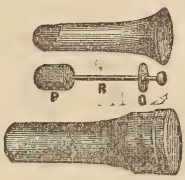

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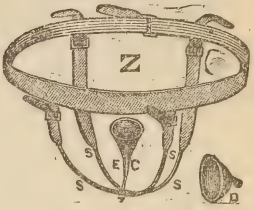

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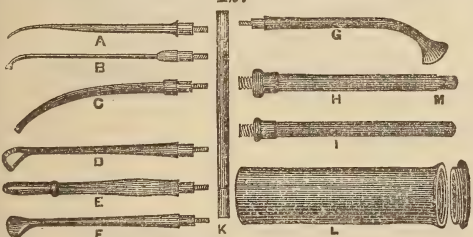

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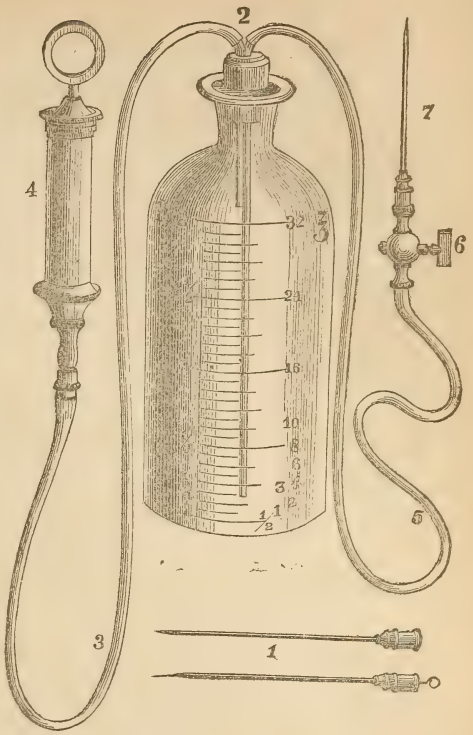

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PLASTERS, POROUS AND SPREAD IN RUBBER COMBINATION,

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Received highest and only Award (Medal and Special Diploma of Merit) over all Foreign and Home Competitors in 1876.

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India-rubber-spread and Porous Plasters possess indisputable advantages over all other Plasters: (1) The Rubber combination preserves the incorporated drug or extract from decomposition or volatilization; (2) They adhere closer and firmer; (3) They do not soil the skin or linen; (4) They are always pliable, and never become hard or brittle; (5) They adhere without heat or moisture; (6) An increased effect obtained by being porous, as the Plaster neither slides nor moves from its affixed position.

BELLADONNA PLASTER, U. S. P.

IN RUBBER COMBINATION.

Messrs. SEABURY & JOHNSON claim that theirs is the most thoroughly reliable and only strictly officinal Belladonna Plaster ever offered the medical profession. It is an improvement on other Belladonna Plasters in several important particulars. First, it is incorporated with the officinal alcoholic extract only. Secondly, it is freed from all stimulating qualities, thereby insuring the uninfluenced sedative action of Belladonna. Thirdly, it adheres with greater tenacity than others. Physicians have been prejudiced in favor of Allen's English Extract; but recent analysis, fairly conducted by competent chemists, emphatically condemns the Inspissated Extract as a mild and unstable product, representing but one-half or less than one-half of the strength of the U. S. P. Alcoholic Extract of Belladonna. The following result, published in the *American Journal of Pharmacy*, in April, 1876, page 145, is furnished for your consideration, which indicates the following percentage of Atropia in the respective extracts:—

Alcoholic Extract Belladonna, U. S. P......*2,571*
Allen's English Extract.....*1,411*
Herring's English Extract.....*1,179*

The practitioner, as well as ourselves, has but one choice.

Considering these features from a professional standpoint, we offer a Belladonna plaster which cannot be improved upon.

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This article has met with unprecedented success, and has been emphatically pronounced by our most skillful General and Orthopædic Surgeons, as "the best Surgeons' Adhesive Plaster known." It is applied without heat or moisture, conforms quickly to the parts; is perfectly flexible and waterproof, and is ready for use at any moment. It is free from irritating properties and very healing. In counter-extension it has no equal, as it does not move or slide after being applied. Our India-rubber Adhesive Plaster is also spread on twilled linen, which resists the most powerful strain. In addition to these general improvements, the plaster being impervious to water, wounds can be cleansed without removing the plaster, obviating the necessity of constant redressing, saving labor and time. **Whenever continued powerful adhesion is required, it should be procured in porous form.**

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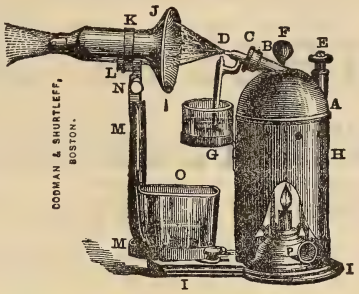

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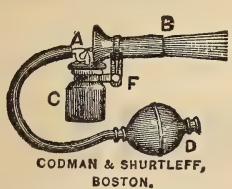

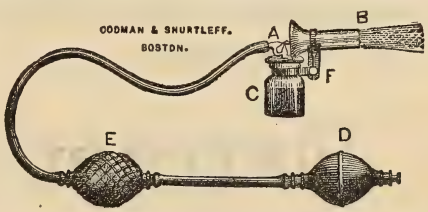

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THE PRELIMINARY AUTUMNAL TERM for 1878-1879, will open on Wednesday, September 18, 1878, and continue until the opening of the Regular Session. During this term, instruction, consisting of didactic lectures upon special subjects and daily clinical lectures, will be given, as heretofore, by the entire Faculty. Students expecting to attend the Regular Session are strongly recommended to attend the Preliminary Term, but attendance during the latter is not required. *During the Preliminary Term, clinical and didactic lectures will be given in precisely the same number and order as in the Regular Session.*

THE REGULAR SESSION will begin on Wednesday, Oct. 2, 1878, and end about the 1st of March, 1879.

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FORDYCE BARKER, M. D.,
Professor of Clinical Midwifery and Diseases of Women.

AUSTIN FLINT, M. D.,
Professor of the Principles and Practice of Medicine and Clinical Medicine.

W. H. VAN BUREN, M. D.,
Professor of Principles and Practice of Surgery, Diseases of Genito-Urinary System, and Clinical Surgery.

LEWIS A. SAYRE, M. D.,
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ALEXANDER B. MOTT, M. D.,
Professor of Clinical and Operative Surgery.

WILLIAM T. LUSK, M. D.,
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WILLIAM M. POLK, M. D.,
Professor of Materia Medica and Therapeutics, and Clinical Medicine.

AUSTIN FLINT, JR., M. D.,
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Professor of Ophthalmology and Otology.

JOHN P. GRAY, M. D., LL. D.,
Professor of Psychological Medicine and Medical Jurisprudence.

ERSKINE MASON, M. D.,
Clinical Professor of Surgery.

EDWARD L. KEYES, M. D.,
Professor of Dermatology, and Adjunct to the Chair of Principles of Surgery.

J. LEWIS SMITH, M. D.,
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LEROY MILTON YALE, M. D.,
Lecturer Adjunct upon Orthopedic Surgery.

A distinctive feature of the method of instruction in this College is the union of clinical and didactic teaching. All the lectures are given within the Hospital grounds. During the Regular Winter Session, in addition to four didactic lectures on every week-day, except Saturday, two or three hours are daily allotted to clinical instruction.

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FEES FOR THE REGULAR SESSION.

Fees for Tickets to all the Lectures during the Preliminary and Regular Term, including Clinical Lectures,	$140.00
Matriculation Fee	5.00
Demonstrator's Ticket (including material for dissection)	10.00
Graduation Fee	30.00

FEES FOR THE SPRING SESSION.

Matriculation (Ticket good for the following Winter)	$5.00
Recitations, Clinics, and Lectures	35.00
Dissection (Ticket good for the following Winter)	10.00

☞ Students who have attended two full Winter courses of lectures may be examined at the end of their second course, upon Materia Medica, Physiology, Anatomy, and Chemistry, and, if successful, they will be examined at the end of their third course upon Practice of Medicine, Surgery, and Obstetrics only.

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ANNUAL ANNOUNCEMENT, 1878-79.

THE READING AND RECITATION TERM will commence October 1, 1878, and close February 14, 1879.
THE REGULAR TERM will open March 1, 1879, and close the last week in June following.

SAMUEL G. ARMOR, M.D., LL.D., Professor of the Practice of Medicine, and Dean.
GEORGE W. PLYMPTON, A.M., Professor of Chemistry.
JOSEPH H. RAYMOND, M.D., Professor of Physiology.
DANIEL AYRES, M.D., LL.D., Emeritus Professor of Surgery.
ALEXANDER J. C. SKENE, M.D., Professor of Diseases of Women and Children.
EDWARD SEAMAN BUNKER, M.D., Professor of Obstetrics.
CORYDON L. FORD, M.D., Professor of Anatomy.
JARVIS S. WIGHT, M.D., Professor of Surgery, and Registrar.
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Formula.—50 per cent. of pure Cod Liver Oil, 6 grs. of the Hypophosphite of Lime, and 3 grs. of the Hypophosphite of Soda to a fluid ounce.

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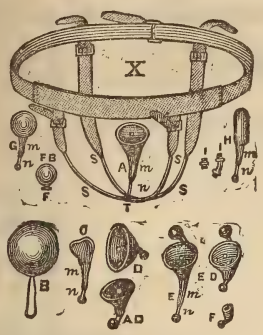

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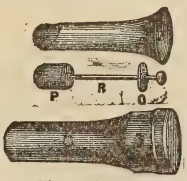

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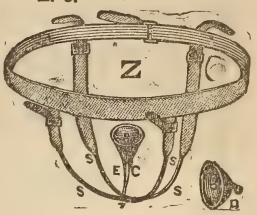
Permanent Stem I—The same in price as E C, Fig. 5, on all the belts.

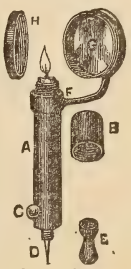
Spring Stem J—The same as Spring Stem Cup A, Fig. 1, on either belt.

SOLID STEM CUP SUPPORTER E. C. *5.*



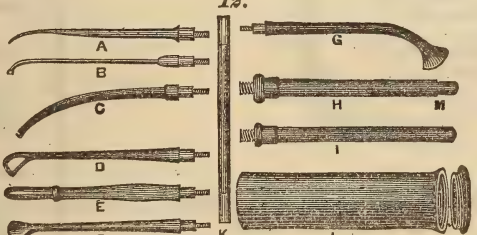
Price, $4.50. Including Cup D, $6.00. Or E C, on Abdominal Belt X, $5.50. X X, $7.50. Y, $6.50. Including D, on each, $1.50 extra.

REFLECTOR, OR DENTISTS' LIGHT. *10.*



Price, $3.50.

HARD RUBBER UTERINE EXAMINING CASE. *12.*



Prices.—Full case, $8.00; Quill Caustic holder H, or camel hair brush holder and case I, each $1.00. Any two of the first seven, with centre piece K, $2.50.

Fenestrated Vaginal and Anal. *7.*

Prices.—Vaginal T, $2.00. Anal U, $1.50.

Caustic Bottle and Case. *11.*

Price, $1.50.

Hymen—Pointed. *8.*

Price, $1.50.

Vaginal and Vulva Dilator. *9.*

Price, $1.50.

STAUFFER'S NON-EVAPORATING INKSTAND.

Price, $1.00.

Price, $1.00. *15.*

13.

Supporters E. C. or Economy.—Fig 5, on its elastic belt Z, is the least in price, and by the oblique construction of the cup sets direct within the angle of the axis of the uterus and vagina, (well seen by IU. Fig 13.) If properly selected, or made so by the exchange privilege, (which admits the interchange of all the hard rubber parts in the catalogue, to cover the purchaser's risk.) It is warranted to correct and sustain even any ***Procidentia.*** The spring stems and shifting tops with their supplements, Fig. 1. Also, improved ***Retroversion, Cup E. Anterversion C.*** and ***Intra-Uterine Stem Cup, IU,*** Fig. 13. The stem locks in a square socket after the cup is in position, and is supported on the elastic gums SS, as A Fig. 1, and same in price. Stem Levers, Fig. 14, etc. All are fully explained in the catalogue. The ***Series*** comprises upwards of 150 in style and size instruments, of which two-thirds belong to the support and correction of the uterus. ***Speculums***—Thomas' objections p. 67—'76, are by them completely overcome. The case contains four. The clear and large view, and facility to work through them, far exceeds any other. The ***Exa. Case,*** and physician's favorite, is admirably represented by Fig. 12—weight but 4 oz. ***Catalogue*** sent free on application. In addition to the description of the above series of instruments, it contains important information on this line of treatment.

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Is equal to Sulphate of Quinine in the same dose.

Is less than one-half as costly as Sulphate of Quinine.

K&M
One Ounce
DEXTRO-QUININE
"K & M."
This alkaloid is pure uncombined non-crystallizable Quinine and is equally as efficient as Sulphate of Quinine in the same doses while in price it is less than ½ as costly
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OVAL IN FORM, RELIABLE, SOLUBLE.

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CATHARTICS and LAXATIVES.

Aloes, 4 grs.
Aloes and Myrrh.
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Cathartic Compound, U. S.
Cathartic, Improved.
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Dinner, Cole's.
Dinner, Lady Webster's.
Hooper's, 2 1-2 grs.
Laxative, Cole's.
Podophyllin, 1-8, 1-4, 1-2 and 1 gr.
Podophyllin and Blue.
Podophyllin and Leptandrin.
Podophyllin, Capsicum and Belladonna.
Podophyllin Compound.
Podophyllin, Ext. Colocynth and Belladonna.
Poke Root Compound.
Rhubarb, U. S.
Rhubarb Compound, U. S.
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GRANULES.

Aconitia, 1-60 gr.
Arsenious Acid, 1-50, 1-40, 1-30 and 1-20 gr.
Atropia, 1-60 gr.
Belladonna Extract, 1-4 gr.
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Codeia, 1-16 and 1-5 gr.
Corros. Sublimate, 1-100, 1-40, 1-30 & 1-20 gr.
Digitalia, 1-60 gr.
Hydrastia, 1-2 gr.
Mercury, Bin-Iodide, 1-25 and 1-16 gr.
Mercury, Cyanide, 1-20 gr.
Mercury, Proto-Iodide, 1-5, 1-4 and 1-2 gr.
Morphia, Acetate, 1-8 and 1-4 gr.
Morphia, Muriate, 1-8 gr.
Morphia, Sulphate, 1-16, 1-10, 1-8, 1-6, 1-4 gr.
Morphia, Valerianate, 1-8 gr.
Podophyllin, 1-8 and 1-4 gr.
Quinine, 1-4 and 1-2 gr.
Strychnia, 1-100, 1-60, 1-40 and 1-30 gr.
Sulphur, Iodide, 1-25 and 1-10 gr.
Tartar Emetic, 1-100, 1-20 and 1-4 gr.
Zinc, Phosphide, 1-6, 1-4 and 1-2 gr.

VARIOUS FORMULAS.

Ammonium, Valerianate. 1 gr.
A convenient form of administration.
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Made of purified Assafœtida.
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Remedy and preventive in sick headache.
Calcium, Sulphide, 1-10 gr.
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Camphor, Mono-Bromated, 2 and 3 grs.
Hysteria, headache, nymphomania.
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Of pure materials; can be relied upon
Ergotin, 3 grs.
Made of purified Ergotin.
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Hypophosphites Compound.
A convenient form of administration.
Iodide of Iron (Blancard's), 1 gr.
Freshly prepared; superior to the imported.
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Made of Merck's scales.
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Diaphoretic and sialogogue.
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A better hypnotic than Brom. Pot.
Phosphates Iron, Quinine and Strychnine.
A tonic more convenient than the syrup.
Phosphorus, 1-100, 1-50, 1-30, 1-20, 1-12 gr
And over 20 combinations.
Salicin. 2 1-2 and 5 grs.
Useful in rheumatism.
Salicylic Acid, 2 1-2 and 5 grs.
Salicylic Acid and Morphine.
Valuable in rheumatism.
Sandal Wood Extract, 1 and 2 grs.
Contains both the oil and resin.
Sumbul Extract, 1 gr.
Hysteria, spasmodic disorders.
Zinc, Phosphide, 1-6, 1-4 and 1-2 gr.
Zinc, Phosphide and Extract Nux Vomica.
Brain diseases.

Our Formula Book, (fourth edition) containing complete list of all our pills with formulas and therapeutical notes, together with partial list of our fluid extracts, with doses, furnished upon application. As we desire to *improve* in *every* particular, we will be grateful to any Physician who will write us regarding his experience with our Gelatine-Coated Pills and other preparations, or make any suggestions.

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Reliable, Soluble and Permanent.

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In 24 Combinations—Unexampled for Perfection.

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Minimum Doses for Children and Others.

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More Efficacious than Pepsin, Prescribed in the same Manner and the same Combinations.

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From fresh Ergot of Rye—equal to the best in the market.

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The combined principles of Digestion.

FRESH AND RELIABLE VACCINE VIRUS—WARRANTED.
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THE THREE BEST TONICS OF THE PHARMACOPŒIA:

IRON, PHOSPHORUS, CALISAYA.

CASWELL, HAZARD & CO. call the attention of the Profession to their preparation of the above estimable Tonics, as combined in their elegant and palatable

FERRO-PHOSPHORATED ELIXIR OF CALISAYA BARK.

A combination of the Pyrophosphate of Iron and Calisaya never before attained, in which the nauseous inkiness of the iron and astringency of the Calisaya are overcome, without any injury to their active tonic principles, and blended into a beautiful Amber-colored Cordial, delicious to the taste and acceptable to the most delicate stomach. This preparation is made directly from the **ROYAL CALISAYA BARK**—not from **its ALKALOIDS OR THEIR SALTS**—being unlike other preparations called "Elixir of Calisaya and Iron," which are simply an **Elixir of Quinine and Iron.** Our Elixir can be depended upon as being a true Elixir of Calisaya Bark with Iron. Each dessertspoonful contains seven and a half grains Royal Calisaya Bark, and two grains Pyrophosphate of Iron.

Ferro-Phosphorated Elixir of Calisaya Bark with Strychnia. This preparation contains one grain of Strychnia added to each pint of our Ferro-Phosphorated Elixir of Calisaya Bark, greatly intensifying its tonic effect.

Ferro-Phosphorated Elixir of Calisaya with Bismuth, containing eight grains Ammonio-Citrate of Bismuth in each tablespoonful of the Ferro Phosphorated Elixir of Calisaya Bark.

Elixir Phosphate Iron, Quinine and Strychnia. Each teaspoonful contains one grain Phosphate Iron, one grain Phosphate Quinine, and one sixty-fourth of a grain of Strychnia.

Ferro-Phosphororated Elixir of Gentian, containing one ounce of Gentian and one hundred and twenty-eight grains Pyrophosphate Iron to the pint, making in each dessertspoonful seven and one half grains Gentian and two grains Pyrophosphate Iron.

Ferro-Phosphorated Wine of Wild Cherry Bark. Each fluid-drachm contains twenty-five grains of the Bark, and two grains of Ferri-Pyrophosphate.

Elixir Taraxacum Comp. Each dessertspoonful contains fifteen grains of Taraxacum.

Elixir Pepsin, Bismuth, and Strychnine. Each fluid-drachm contains one sixty-fourth of a grain of Strychnine.

Juniper Tar Soap. Highly recommended by the celebrated Erasmus Wilson, and has been found very serviceable in chronic eczema and diseases of the skin generally. It is invaluable for chapped hands and roughness of the skin caused by change of temperature. It is manufactured by ourselves, from the purest materials, and is extensively and successfully prescribed by the most eminent Physicians.

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APOLLINARIS
NATURAL MINERAL WATER.

THE QUEEN OF TABLE WATERS.

HIGHLY EFFERVESCENT.

APPROVED BY THE ACADEMY OF MEDICINE OF FRANCE, AND ITS SALE IN FRANCE AUTHORIZED BY SPECIAL ORDER OF THE FRENCH GOVERNMENT.

DR. LEWIS A. SAYRE.—"A delightful beverage."
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DR. E. R. PEASLEE.—"Useful and very agreeable."
DR. AUSTIN FLINT, DR F. N. OTIS.—"Healthful, and well suited for Dyspepsia, and cases of acute disease."
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DR. FORDYCE BARKER.—"By far the most agreeable, alone or mixed with wine; useful in Catarrhs of Stomach or Bladder, and in Gout."
DR. J. MARION SIMS.—"Not only a luxury, but a necessity."

To be had of all Wine Merchants, Grocers, Druggists, and Mineral Water Dealers throughout the United States, and Wholesale of

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Every Genuine Bottle bears the YELLOW Label. 1117-1168eow

LEBAIGUE'S
DIALYSED IRON,
OR
PURE PEROXIDE OF IRON,
IN SOLUTION, WITHOUT THE AID OF ACIDS OR OTHER SOLVENTS.

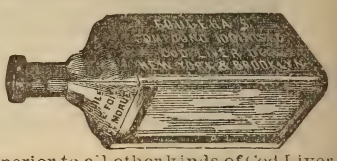
It is nearly tasteless, does not blacken the teeth, is very readily absorbed, will not constipate, nor cause any disturbance of the digestive apparatus, and is to be preferred by persons who could not support any other preparation of iron. It is offered in the form of a **solution**, which is generally preferred; or of an **elixir**, when a slight stimulant is desired.

DOCTOR GIBERT'S
DEPURATORY SYRUP AND DRAGEES,
OF IODIZED DEUTO-IODIDE OF MERCURY.

These preparations have been approved by the Academy of Medicine of Paris, and have been thoroughly tested in the hospitals of Paris in the treatment of *Syphilitic, Scrofulous* and other affections requiring the use of iodized remedies.
They are recommended for the utmost accuracy of composition, and their perfect preservation.

Prepared by VAUQUELIN-DESLAURIERS, Chemist, Paris.

FOUGERA'S COMPOUND IODINISED
COD LIVER OIL.



Since the introduction of this oil in 1858, it has been found to be superior to all other kinds of Cod Liver Oil for the treatment of **General Debility, Consumption, Scrofula, Rickets, etc.**
It possesses not only all the **nourishing** qualities of the best Cod Liver Oil, but also the **tonic, stimulant** and **alterative** properties of **Iodine, Bromine** and **Phosphorus**, which are added in such proportions as to render it therapeutically five times as efficacious as pure Cod Liver Oil.
Through its **increased curative action, FOUGERA'S COD LIVER OIL** will be found to cure disease in a much shorter time than the pure oil; while favorable results will be obtained by its use in many advanced cases when the pure Cod Liver Oil would fail entirely.

FOUGERA'S READY-MADE MUSTARD PLASTERS.

A most useful, convenient, clean, and economical preparation. Not liable to change, if kept in a dry place. Made of two strengths. Plasters No. 1, of pure mustard; Plasters No. 2, of one-half mustard. Price 40 cents, the tin box, or tin roll, of 10 plasters each. DIRECTIONS.—Dip the Plaster, or Plasters, a minute or two, in cold water; apply on the part, and cover with a band.

FOUGERA'S COMPOUND ICELAND MOSS PASTE.
(Iceland Moss, Lactucarium Ipecac and Tolu.)

Used with great success against nervous and convulsive coughs, Whooping Cough, Acute Bronchitis, Chronic Catarrh, Influenza, etc.
Wakefulness, Cough, and other sufferings in Consumption, are greatly relieved by the soothing and expectorant properties of this Paste.

FOUGERA'S IODO-FERRO-PHOSPHATED ELIXIR OF HORSE-RADISH.

This Elixir contains Iodine, Pyrophosphate of Iron, the active principles of antiscorbutic and aromatic plants, and acts as a **tonic, stimulant, emmenagogue,** and a **powerful regenerator of the blood.** It is an invaluable remedy for all constitutional disorders due to the impurity and poverty of the blood. One of the advantages of this new preparation consists in combining the virtues of Iodine and Iron without the inky taste of Iodide of Iron.

E. FOUGERA, Pharmacist,
372 Seventh Street, Brooklyn, L. I.,
SOLE PROPRIETOR & MANUFACTURER of the ABOVE,
To whom all special communications should be addressed.

E. FOUGERA & CO.,
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SOLE GENERAL AGENTS for the ABOVE,
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SOLD BY DRUGGISTS GENERALLY.

PNEUMATIC ASPIRATION,

AFTER THE MANNER OF DIEULAFOY.

"It is always possible, owing to Aspiration, to search for a fluid collection without any danger, whatever may be its seat or its nature."

"I have thrust these needles into almost every part of the body; into the Joints the Liver, the Spleen, the Bladder, the Intestines, the Lungs and the Meninges; and I can affirm, and a great number of observers affirm with me, that we have never seen consecutive accidents."—*Dieulafoy on Pneumatic Aspiration*, pp. 21, 24.

We invite the attention of the Medical Profession to this New Apparatus for Aspiration, constructed upon the general plan of Potain's modification of Dieulafoy's Aspirator, but containing the following improvements and inventions of our own:—

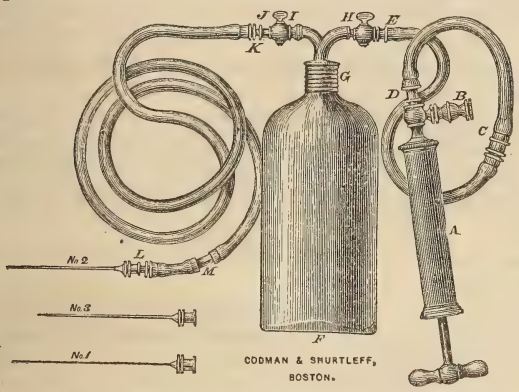

Fig. 77.

Fig. 68.

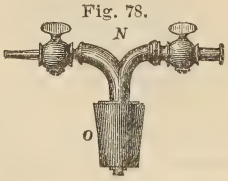

Fig. 78.

The Stopper and Cocks supplied with Apparatus No. 2.

1st. Means of changing the pump from an exhaust to a force-pump, and *vice versa*, thereby enabling the operator not only to draw an abnormal fluid, but to inject the cavity through the tubes and needle of the apparatus with one adapted to induce healthy action.—*See Dieulafoy on Aspiration*, pp. 276, 278.

2d. The employment, in our apparatus No. 1, of a metal Screw Cap, fitting the neck of the receiver supplied with this apparatus so securely that it cannot be forced from its place by condensed air while injecting, or accidentally removed while the receiver is in a state of vacuum for aspiration

3d. The substitution, for the ordinary oiled silk valves of other apparatus, of a kind indestructible, both in form and material.

4th. A simple and comparatively inexpensive attachment for evacuating the contents of the stomach, equal, if not superior, to any in use hitherto.

Commendations bestowed upon our Aspirators, by physicians familiar with the latest European and American ones, lead us to believe that, in some important particulars, at least, they are superior to any.

In his work on Pneumatic Aspiration, Dieulafoy shows the harmlessness of the Aspiratory puncture, and its great superiority to the Exploring Trocar as a means of accurate diagnosis in all collections of Pathological Fluids. It has been used with unprecedented success in the Retention of Urine, Reduction of Strangulated Hernia, in Ascites, Hydrothorax, Empyema, Pneumothorax, Effusions into the Pericardium, Serous, Purulent and Hematic Effusions of the Knee, Hydrocele, Hydatid Cysts, Abscesses of the Liver, and in various other Pathological Lesions.

PRICES OF APPARATUS.

No. 1. Air Pump—exhaust or condensing as described; 16 oz. receiver, of strong glass, with screw-cap; three steel, gold plated Aspiratory Needles, together with the necessary tubes, stop-cocks, etc., as shown in Fig. 77, fitted in a neat case, accompanied with printed directions $16.00. Postage 64 cents.

No. 2. The same, without receiver, and with rubber stopper (see Fig. 78) to fit almost any bottle of quart capacity, or less, instead of screw-cap arrangement, also with printed directions $14.00. Postage 32 cents.

No. 3. Dieulafoy's Notched Aspirator. Nickel-plated, with two Needles, Tubes, etc., in case.....$14 00

No. 4. Stomach Attachment, as described, adapted to pump accompanying Nos. 1 and 2, additional $6.00. Postage 22 cents.

The foregoing are the product of our own factory, and are warranted in every respect.

Also, **Dieulafoy on Pneumatic Aspiration,** post-paid, by mail, on receipt of..... 3 40

☞ *Full description on application.*

An illustrated Catalogue of Surgical Instruments, also a New Pamphlet on Atomization of Liquids, with description of Improved Apparatus and Formulæ of Remedies successfully employed, will be forwarded, post-paid, on application.

CODMAN & SHURTLEFF,

Makers of Surgical Instruments,

13 and 15 Tremont Street, Boston.

N. B.—See our other advertisement in alternate numbers of the REPORTER. 1088-1139eow

☞ In corresponding with Advertisers please mention the Medical and Surgical Reporter.

TROMMER'S EXTRACT OF MALT.

The rapidly increasing demand for our IMPROVED EXTRACT OF MALT, during the four years that it has been manufactured and offered to the medical profession in America, justifies the belief that in its production here we are meeting a generally felt want.

Long experience in manufacturing Malt Extract has enabled us to completely overcome the many difficulties attending its manufacture in large quantities; and we positively assure the profession that our Extract of Malt is not only perfectly pure and reliable, but that it will keep for years, in any climate, without fermenting or moulding, and that its flavor actually improves by age. Our Extract is guaranteed to equal, in every respect, the best German make, while, by avoiding the expense of importation, it is afforded at less than half the price of the foreign article.

The Malt from which it is made is obtained by carefully malting the very best quality of selected Toronto Canada Barley. The extract is prepared by an *improved process*, which prevents injury to its properties or flavor by excess of heat. **It represents the soluble constituents of Malt and Hops**, viz: MALT SUGAR, DEXTRINE, DIASTASE, RESIN and BITTER of HOPS, PHOSPHATES of LIME and MAGNESIA, and ALKALINE SALTS.

Attention is invited to the following analysis of this Extract, as given by S. H. Douglas, Professor of Chemistry, University of Michigan, Ann Arbor.

TROMMER EXTRACT OF MALT CO:—I enclose herewith my analysis of your Extract of Malt:—
Malt Sugar 46.1; Dextrine, Hop-bitter, Extractive Matter, 23.6; Albuminous Matter (Diastase), 2.469; Ash—Phosphates, 1.712. Alkalies .377; Water, 25.7; Total, 99.958.
In comparing the above analysis with that of the Extract of Malt of the German Pharmacopœia, as given by Hager, that has been so generally received by the profession, I find it to substantially agree with that article.

Yours truly, SILAS H. DOUGLAS,
Prof. of Analytical and Applied Chemistry.

This invaluable preparation is highly recommended by the medical profession, as a most effective therapeutic agent, for the restoration of delicate and exhausted constitutions. It is very nutritious, being rich in both muscle and fat-producing materials.

The very large proportion of *Diastase* renders it most effective in those forms of disease originating in *imperfect digestion of the starchy elements* of food.

A single dose of the Improved Trommer's Extract of Malt contains a larger quantity of the active properties of Malt than a pint of the best ale or porter; and not having undergone fermentation, is absolutely free from alcohol and carbonic acid.

The dose for adults is from a dessert to a tablespoonful three times daily. It is best taken after meals, pure, or mixed with a glass of milk, or in water, wine, or any kind of spirituous liquor. Each bottle contains 1½ pounds of the Extract.

Our preparations of Malt are for sale by druggists generally, throughout the United States and Canada, at the following prices:—

EXTRACT OF MALT,	*With*	*Hops (Plain)*,		$1.00
"	"	"	*Pyrophosphate of Iron (Ferrated)*,	1.00
"	"	"	*Cod Liver Oil*,	1.00
"	"	"	*Cod Liver Oil and Iodide of Iron*,	1.00
"	"	"	*Cod Liver Oil and Phosphorus*,	1.00
"	"	"	*Hypophosphites*,	1.50
"	"	"	*Iodides*,	1.50
"	"	"	*Alteratives*,	1.50
"	"	"	*Citrate of Iron and Quinia*,	1.50
"	"	"	*Pepsin*,	1.50

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TROMMER EXTRACT OF MALT CO.,

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THE LATEST IMPROVEMENT

IN

Atomizers, Croup-Bottles and Baths.

PERFECT STEAM ATOMIZER.

Price, with Handle and Glass Atomizing Tubes.....$4 50

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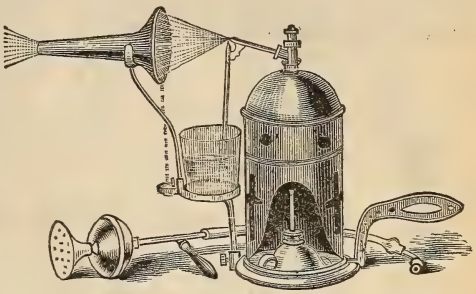

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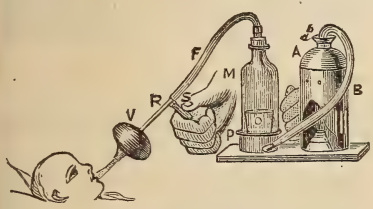

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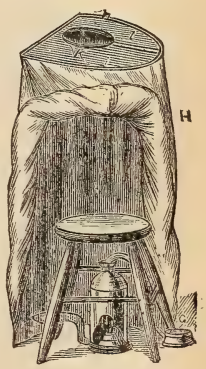

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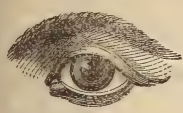

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WASHINGTON, D. C., June 19th, 1878.
Prof. of Obstetrics, University of Vermont.
"I have used LACTOPEPTINE both in hospital and private practice, and have found it to answer fully the purposes for which it is recommended. As an immediate aid to the digestive function, I know of no remedy which acts more directly."

D. W. YANDELL, M.D.,
LOUISVILLE, KY., March 7th, 1878.
Prof. of the Science and Art of Surg. and Clinical Surg., University of Louisville.
"I have made much use of LACTOPEPTINE, and take great pleasure in stating that it has rarely disappointed me. I shall, of course, continue to prescribe it."

ROBT. BATTEY, M.D.,
ROME, GA., June 8th, 1878.
Emeritus Prof. of Obstetrics, Atlanta Med. College, and Ex-Pres. Med. Association of Ga.
"I have used LACTOPEPTINE in a case of Dyspepsia with satisfaction. I think well of it."

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"I consider LACTOPEPTINE the very best preparation of the kind which I have ever employed, and for patients with feeble digestion I know of nothing that is equal to it."

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LONDON, ENG., February 22d, 1876.
"I find the preparation of LACTOPEPTINE contains within itself all the principles required to promote a healthy digestion.

PRICE LIST.

LACTOPEPTINE (in oz. bottles).....per oz.	$1.00
" (" ").....per doz.	10.00
" (in ½ ℔ ").....per ℔.	12.00

We also prepare the various Elixirs and Syrups, in combination with Lactopeptine.

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RELIABILITY and general excellence of manufactures.

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India-rubber-spread and Porous Plasters possess indisputable advantages over all other Plasters: (1) The Rubber combination preserves the incorporated drug or extract from decomposition or volatilization; (2) They adhere closer and firmer; (3) They do not soil the skin or linen; (4) They are always pliable, and never become hard or brittle; (5) They adhere without heat or moisture; (6) An increased effect obtained by being porous, as the Plaster neither slides nor moves from its affixed position.

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IN RUBBER COMBINATION.

Messrs. SEABURY & JOHNSON claim that theirs is the most thoroughly reliable and only strictly officinal Belladonna Plaster ever offered the medical profession. It is an improvement on other Belladonna Plasters in several important particulars. First, it is incorporated with the officinal alcoholic extract only. Secondly, it is freed from all stimulating qualities, thereby insuring the uninfluenced sedative action of Belladonna. Thirdly, it adheres with greater tenacity than others. Physicians have been prejudiced in favor of Allen's English Extract; but recent analysis, fairly conducted by competent chemists, emphatically condemns the Inspissated Extract as a mild and unstable product, representing but one-half or less than one-half of the strength of the U. S. P. Alcoholic Extract of Belladonna. The following result, published in the *American Journal of Pharmacy*, in April, 1876, page 145, is furnished for your consideration, which indicates the following percentage of Atropia in the respective extracts:—

Alcoholic Extract Belladonna, U. S. P......2,571
Allen's English Extract.....1,411
Herring's English Extract.....1,179

The practitioner, as well as ourselves, has but one choice.

Considering these features from a professional standpoint, we offer a Belladonna plaster which cannot be improved upon.

SALICYLATED SURGEONS' RUBBER ADHESIVE PLASTER

This article has met with unprecedented success, and has been emphatically pronounced by our most skillful General and Orthopædic Surgeons, as "the best Surgeons' Adhesive Plaster known." It is applied without heat or moisture, conforms quickly to the parts; is perfectly flexible and waterproof, and is ready for use at any moment. It is free from irritating properties and very healing. In counter-extension it has no equal, as it does not move or slide after being applied. Our India-rubber Adhesive Plaster is also spread on twilled linen, which resists the most powerful strain. In addition to these general improvements, the plaster being impervious to water, wounds can be cleansed without removing the plaster, obviating the necessity of constant redressing, saving labor and time. **Whenever continued powerful adhesion is required, it should be procured in porous form.**

MUSTARD PLASTER (spread on Cotton Cloth).

Our Mustard Plaster is a decided improvement over the best French makes; the mustard is manipulated so as to exclude all the moisture, retaining unimpaired by such treatment, its essential properties. They are always reliable, conform quickly to the part, and when thoroughly wet do not break into pieces, as is the case with all other mustard plasters. They do not crack or peel off, and can be removed without soiling the skin or linen. Being **manufactured only of pure mustard,** they are perfectly free from Croton Oil or other dangerous substitutes, often employed to induce intense irritation.

RUBBER BLISTER PLASTER (Camphorated) U. S. P. STRENGTH.

This article has a splendid reputation; its characteristic action is not impaired by age in any climate. The whole fly is incorporated, which, by constant manipulation is thoroughly and beautifully combined with the plaster. **Its properties are developed quicker, and it blisters in less time than the cerate.** It never fails to blister when used as directed. In addition to its superior efficacy as a vesicant, we incorporate a sufficient quantity of Camphor, which, with the Olive Oil used on the face of the plaster, **prevents Strangury.** This improvement will be appreciated by every practitioner. It is more reliable than any known cantharidal preparation.

CAPSICUM PLASTER.

Recently this article has crept into favor with our most esteemed physicians, and judging from results, it is doubtless the best rubefacient known. It has the specific action of mustard without its objections. The characteristic action of Capsicum is uniformly maintained from twenty-four to forty-eight hours, without blistering, being mild, continuous, and stimulating. This plaster is spread in rubber combination and in porous form. Experience has taught practitioners that the Oleo Resin of Capsicum is too violent, frequently vesicating; we incorporate the crude drug in sufficient quantity, without risk to the patient. Our Capsicum Plasters will be found more practical for general use than the **so-called Mustard or Capsicum Papers.**

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QUALITY IS OF GREAT IMPORTANCE TO THE PRACTITIONER; BY RELIABLE PREPARATIONS HE SUPPLEMENTS HIS OWN SKILL. You can therefore rest assured that every article we manufacture is of strict pharmacopœia strength, and incorporated with perfectly reliable Extracts and Drugs, well selected, carefully and conscientiously prepared, and manufactured invariably under the personal superintendence of one of our firm. OUR WHOLE ATTENTION AND STUDY IS DEVOTED ENTIRELY TO THE ART OF PLASTER MAKING, and we are ready at all times to receive suggestions from the fraternity, which may be of benefit to all.

SEABURY & JOHNSON,

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ALL THE ABOVE ARTICLES SOLD BY DRUGGISTS EVERYWHERE.

ALWAYS SPECIFY SEABURY & JOHNSON'S PLASTERS.

NEW HYPODERMIC SYRINGES.

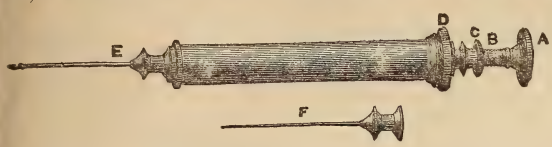


FIG. 48.—No. 2.

These cuts (two-thirds the actual size) represent a New Hypodermic Syringe of our Manufacture. With the exception of the needles, it is of German Silver, a material chosen as possessing, next to steel, the greatest rigidity and durability, while free from liability to oxydation. The barrel is formed by a process peculiar to ourselves, securing uniformity of calibre without soldered joint or seam. It is plated inside and outside with nickel. The piston is packed in the double parachute form, with leather prepared expressly for the purpose. It will be found to retain its elasticity, to operate smoothly, to resist all tendency of fluid to pass above, as of air below it. A nicely-engraved scale upon the piston-rod indicates minims, thirty being the capacity of the syringe.

Syringes Nos. 2, 3, and 4 have also a screw thread upon the piston-rod, and a traverse nut, thereby favoring the utmost nicety in the graduation of doses.

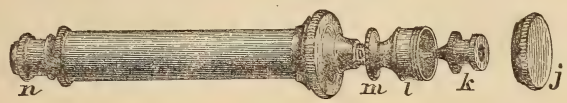
No. 3, Compact, has hollow piston-rod to receive one needle, also a protecting cover and fluid retainer; it may be carried in the Pocket Instrument or Vial Case, or without any case.

No. 4, Compact, is like No. 3, with the addition of a second needle, carried upon the syringe in the usual place, protected by a metal shield.

Nos. 1 and 2 are put up in neat morocco-covered case, with vial.

Two sizes of needles are furnished with each instrument, Nos. 1, 2, and 4; one only with No. 3. They are of refined steel, carefully tempered, and thoroughly plated with gold; they are of small diameter and large relative calibre, sharpened to such an angle as will offer least resistance to penetration, and therefore cause least pain. At the point of union with the socket they are reinforced with an outer covering of German silver, thereby overcoming the tendency to become broken at this place. They are connected with the barrels by a screw thread.

Prices: No. 1, *$3.50* No. 2, *$4.00* Postage, .03
" No. 3, *2.50* No. 4, *3.50* " .02



No. 3.

These Syringes are so thoroughly and strongly made as to be free from the annoying accidents common to most Hypodermic Syringes; and we believe that, for convenience, durability, and nicety of construction, they have no superior.

OTHER HYPODERMIC SYRINGES.

		Postage.
No. 7, glass-barrel, graduation engraved on barrel, with screw nut on piston, nickel-plated mountings, two best steel gilt needles, in neat case	*$3.00*	.02
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No. 7 or No. 9, with two steel unplated needles, either	*2.50*	.02
No. 10, glass, Luer's (French), graduation as No. 9, one gold needle and two steel needles, silver mountings, neat velvet-lined morocco case	*12.00*	.02

No. 11, glass cylinder, fenestrated, nickel-plated metal mounting (see cut).

No. 11.

As represented in the cut, the glass cylinder is encased in a metal mounting, fenestrated to show the graduations for minims. The instrument may readily be taken apart for cleaning, and for those who prefer glass, is recommended for its non-liability to breakage. Price, with two best steel gilt needles, in a neat case ..... *$3.50* Postage. .02

☞ *Any of the above will be sent by return mail on receipt of Price and Postage.* ☜

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WITH COD-LIVER OIL,

FIRST PROPOSED BY DR. F. H. DAVIS, OF CHICAGO,

(See Transactions of American Medical Association, for 1876, page 176.)

Is presented to the medical profession as an efficient, palatable and very stable combination, consisting of equal parts of the ***Extract of Canadian Barley Malt*** and the best quality of genuine ***Norwegian Cod-liver Oil.*** Many patients take this preparation who cannot take the oil in any other form. It may be employed in all cases where Cod-liver Oil is appropriate, but is peculiarly adapted to those complicated with disordered digestion.

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Consists of equal parts of Extract of Malt and pure fresh Norwegian Cod-liver Oil, Phosphorus being added in the proportion of $\frac{1}{100}$ grain to the dose, and so combined as to be perfectly protected from oxidation. The ***Trommer Extract of Malt Company*** prepare this combination agreeably to the suggestion of ***Dr. Wilson Fox.*** It is specially adapted to cases of phthisis, bronchitis, pernicious anæmia, and diseases of the nervous system.

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CITY OF NEW YORK.

MEMBER OF THE AMERICAN MEDICAL COLLEGE ASSOCIATION.

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THE COLLEGIATE YEAR in this Institution embraces a preliminary Autumnal Term, the Regular Winter Session, and a Spring Session.

THE PRELIMINARY AUTUMNAL TERM for 1878-1879, will open on Wednesday, September 18, 1878, and continue until the opening of the Regular Session. During this term, instruction, consisting of didactic lectures upon special subjects and daily clinical lectures will be given, as heretofore, by the entire Faculty. Students expecting to attend the Regular Session are strongly recommended to attend the Preliminary Term, but attendance during the latter is not required. *During the Preliminary Term, clinical and didactic lectures will be given in precisely the same number and order as in the Regular Session.*

THE REGULAR SESSION will begin on Wednesday, Oct. 2, 1878, and end about the 1st of March, 1879.

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Emeritus Professor of Obstetrics and Diseases of Women, and President of the Faculty.

JAMES R. WOOD, M. D., LL. D.,
Emeritus Professor of Surgery.

FORDYCE BARKER, M. D.,
Professor of Clinical Midwifery and Diseases of Women.

AUSTIN FLINT, M. D.,
Professor of the Principles and Practice of Medicine and Clinical Medicine.

W. H. VAN BUREN, M. D.,
Professor of Principles and Practice of Surgery, Diseases of Genito-Urinary System, and Clinical Surgery.

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J. LEWIS SMITH, M. D.,
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LEROY MILTON YALE, M. D.,
Lecturer Adjunct upon Orthopedic Surgery.

A distinctive feature of the method of instruction in this College is the union of clinical and didactic teaching. All the lectures are given within the Hospital grounds. During the Regular Winter Session, in addition to four didactic lectures on every week-day, except Saturday, two or three hours are daily allotted to clinical instruction.

The Spring Session consists chiefly of Recitations from Text-books. This term continues from the first of March until the first of June. During this Session, daily recitations in all the departments are held by a corps of examiners appointed by the Faculty. Regular clinics are also given in the Hospital and the College building.

FEES FOR THE REGULAR SESSION.

Fees for Tickets to all the Lectures during the Preliminary and Regular Term, including Clinical Lectures,	$140.00
Matriculation Fee	5.00
Demonstrator's Ticket (including material for dissection)	10.00
Graduation Fee	30.00

FEES FOR THE SPRING SESSION.

Matriculation (Ticket good for the following Winter)	$5.00
Recitations, Clinics, and Lectures	35.00
Dissection (Ticket good for the following Winter)	10.00

☞ Students who have attended two full Winter courses of lectures may be examined at the end of their second course, upon Materia Medica, Physiology, Anatomy, and Chemistry, and, if successful, they will be examined at the end of their third course upon Practice of Medicine, Surgery, and Obstetrics only.

For the Annual Circular and Catalogue, giving regulations for graduation and other information, address Prof. AUSTIN FLINT, Jr., Secretary, Bellevue Hospital Medical College.

DETROIT MEDICAL COLLEGE.

SESSIONS OF 1878-79.

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(Demonstrator of Anatomy) and Lecturer on Orthopedic Surgery and Tumors.

J. G. JOHNSON, M.D.,
Lecturer on Diseases of Mind and Nervous System.

J. H. CARSTENS, M.D.,
Lecturer on Differential Diagnosis.

E. L. SHURLY, M.D.,
Lecturer on Diseases of Throat and Lungs.

F. A. SPALDING, M.D,
Lecturer on Diseases of the Skin.

C. C. YEMANS, M.D.,
Lecturer on Chemistry.

JAS. D. MUNSON, M.D.,
Demonstrator of Practical Physiology.

E. A. CHAPOTON, M.D.,
Demonstrator of Practical Microscopy.

The Collegiate Year is divided into three sessions.

PRELIMINARY SESSION opens Wednesday, September 4th, 1878, and continues one month. The Clinics are held and the Lectures delivered by the Professors of the regular Faculty, and in the same order and frequency as during the Winter Term. Opportunity is given to dissect or work in the Chemical and Physiological Laboratories.

The REGULAR SESSION opens Wednesday, October 2d, 1878, and continues five months. During this term all the branches of *General Medicine and Surgery*, both scientific and practical, are taught with care and thoroughness. All students are daily examined on the subjects of the lectures and on their dissecting and laboratory work.

Senior students have *daily practice* in the *art of examining patients*, in forming their own diagnosis, prognosis and treatment. As this is done under the direction of the professor holding each clinic, and in the presence of the class, it constitutes an invaluable course of training.

The RECITATION SESSION begins second Wednesday in March, 1879, and continues four months. Daily during this term there will be held a lecture, recitation and one or two clinics. The lectures will be upon special subjects of medical or surgical interest.

The recitations will embrace the general subjects of the Regular Session, viz., Anatomy, Surgery, Midwifery, Diseases of Women, Physiology, Practice of Medicine, Materia Medica and Chemistry.

Though the Recitation and Preliminary Sessions are optional, it is hoped that all who can will avail themselves of their manifest advantages in supplementing the regular winter course.

Three Hospitals—Harper's, St. Mary's and St. Luke's—with two large free dispensaries, afford an abundance of clinical material for illustrative and practical teaching.

All lectures are delivered on Hospital grounds. The *peculiar feature* of this school is the *intimate union* between its *laboratory, clinical* and *didactic* instruction.

FEES.—For Preliminary and Regular Sessions: Matriculation, $5. Hospital Fees, $10. Lecture Fees, $40. Graduation, $25. Lecture Fees to third course students, $25.

For the Recitation Term the Lecture Fees are $10, to those who attend the other courses. All others are required to matriculate and take out the Hospital tickets.

All fees payable in advance to the *Secretary*.

Board and Rooms can be obtained at low rates—according to accommodations—from $3 to $5 per week. Announcement and Catalogue, or any further information which may be desired, can be promptly obtained by addressing

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Price, with Handle and Glass Atomizing Tubes.....$4 50
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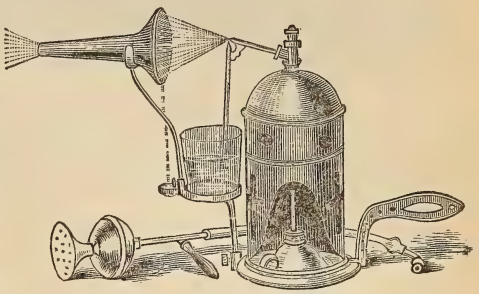
All joints are hard soldered. Every one is tested, and they cannot be injured by exhaustion of water. A perfect safety valve, guaranteed to remain in thorough working order, and connections for steaming any part of the body locally, complete it.



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Antiseptic Atomizer, Nickel Plated, Throwing Spray for Two Hours.....$10 00 to 13 00
Stand, Throwing Spray in any Direction.....5 00

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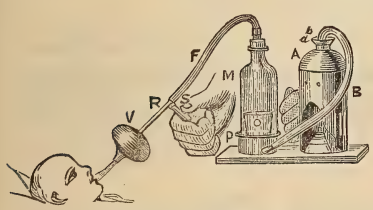

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For confining and conducting lime-fumes and acid-vapors, in croup and diphtheria.

L is a tray with handle; *O* is a cup which is filled one-quarter full of lime, with sufficient water: the lime slackens as soon as it becomes hot, and the fumes escape through the nozzle. If acids are used, place them directly in cup *P*, so that the steam will pass through the fluids and evaporate them.

Price, complete, with nozzle for fomentations.....$5 00
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The Bath consists of a large boiler, four times the size of the Atomizer, a steam distributor, and a cloak.....$6 00
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Price of Sulphur Bath.....$15 00
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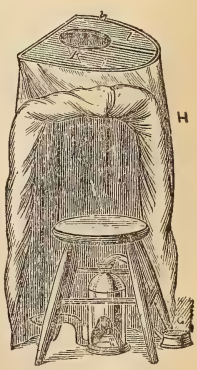

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HYPOPHOSPHITES OF LIME AND SODA

PERFECT, PERMANENT, PALATABLE.

We respectfully ask the Medical Profession to give the above preparation a trial, knowing they will find it just the thing long desired, and obtain splendid results in the wasting diseases indicated by malnutrition and assimilation. The *perfect* and *permanent* union of the Cod Liver Oil with the Hypophosphites, and the thorough manner in which the nauseous taste is disguised, renders it so palatable that the most delicate stomach can retain it. The notable advantage it possesses over all other preparations, is its *permanency* as an *emulsion*, remaining for an almost unlimited time without the slightest separation or change, which enables the Physician always to prescribe it in its proper proportions. The oil is prepared expressly for us, and guaranteed strictly pure. We will gladly furnish, express paid, a 4-oz. sample to any Physician in the country who may not have been supplied.

Formula.—50 per cent. of pure Cod Liver Oil, 6 grs. of the Hypophosphite of Lime, and 3 grs. of the Hypophosphite of Soda to a fluid ounce.

SCOTT & BOWNE.
Manufacturing Chemists, 125 Hudson Street, N. Y.

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Gents—I have prescribed Scott's Emulsion of Cod Liver Oil with Hypophosphites in both private and hospital practice, and consider it a valuable preparation. It remains as a permanent emulsion, even in extremely hot weather, and is more palatable than any other preparation of oil that I have used.

Yours, very respectfully,
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Gentlemen—Having given your Emulsion of Cod Liver Oil and Hypophosphites of Lime and Soda a fair trial during the past eighteen months, am very much pleased with the same, and consider it the best preparation of the kind in the market.

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Used with great success against nervous and convulsive coughs, Whooping Cough, Acute Bronchitis, Chronic Catarrh, Influenza, etc.
Wakefulness, Cough, and other sufferings in Consumption, are greatly relieved by the soothing and expectorant properties of this Paste.

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We can also furnish, to those who prefer it, HUMANIZED VIRUS, from healthy children, procured for us by physicians of undoubted reliability.

All our Virus is put up in strong, *air-tight, sealed packages*, for safe conveyance by mail or express, and will be sent (post-paid if by mail) upon the following terms:—

From the Heifer,	10 large Ivory Points, well charged on both sides	$1.50
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We will warrant every package of Points and every Crust, giving a fresh supply in case of failure reported within fifteen days for Points, thirty days for Human, and ninety days for Kine Crusts. We can usually furnish Crusts one remove from the heifer, if preferred.

On account of their unreliability, we have hitherto furnished the usual form of Kine Crust unwillingly. Under our new method of taking and preserving them, however, after careful tests and an experience extending over several months, the results attained have been so satisfactory that we now offer them as not less active and reliable than other forms of Virus, while less liable to become inert with lapse of time. We now offer them on very favorable terms, and recommend them for transmission to a distance, and in all cases where it is desired to preserve Virus for some weeks or months, or to keep a supply at hand for emergencies.

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Long experience in manufacturing Malt Extract has enabled us to completely overcome the many difficulties attending its manufacture in large quantities; and we positively assure the profession that our Extract of Malt is not only perfectly pure and reliable, but that it will keep for years, in any climate, without fermenting or moulding, and that its flavor actually improves by age. Our Extract is guaranteed to equal, in every respect, the best German make, while, by avoiding the expenses of importation, it is afforded at less than half the price of the foreign article.

The Malt from which it is made is obtained by carefully malting the very best quality of selected Toronto Canada Barley. The extract is prepared by an *improved process*, which prevents injury to its properties or flavor by excess of heat. **It represents the soluble constituents of Malt and Hops**, viz: MALT SUGAR, DEXTRINE, DIASTASE, RESIN and BITTER of HOPS, PHOSPHATES of LIME and MAGNESIA, and ALKALINE SALTS.

Attention is invited to the following analysis of this Extract, as given by S. H. Douglas, Professor of Chemistry, University of Michigan, Ann Arbor.

TROMMER EXTRACT OF MALT CO:—I enclose herewith my analysis of your Extract of Malt:—
Malt Sugar 46.1; Dextrine, Hop-bitter, Extractive Matter, 23.6; Albuminous Matter (Diastase), 2.469; Ash—Phosphates, 1.712. Alkalies .377; Water, 25.7; Total, 99.958.
In comparing the above analysis with that of the Extract of Malt of the German Pharmacopœia, as given by Hager, that has been so generally received by the profession, I find it to substantially agree with that article.

Yours truly, SILAS H. DOUGLAS,
Prof. of Analytical and Applied Chemistry.

This invaluable preparation is highly recommended by the medical profession, as a most effective therapeutic agent, for the restoration of delicate and exhausted constitutions. It is very nutritious, being rich in both muscle and fat-producing materials.

The very large proportion of *Diastase* renders it most effective in those forms of disease originating in *imperfect digestion of the starchy elements* of food.

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Our preparations of Malt are for sale by druggists generally, throughout the United States and Canada, at the following prices:—

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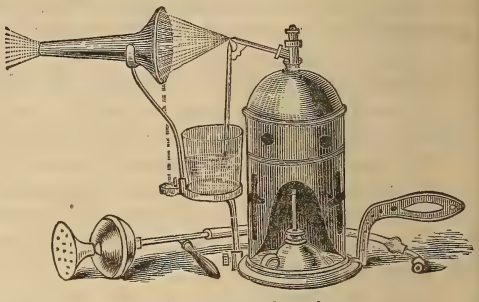

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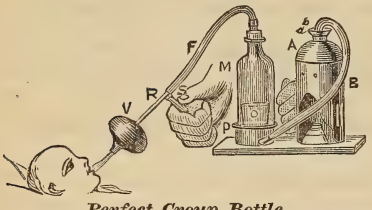

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For confining and conducting lime-fumes and acid-vapors, in croup and diphtheria.

L is a tray with handle; *O* is a cup which is filled one-quarter full of lime, with sufficient water: the lime slackens as soon as it becomes hot, and the fumes escape through the nozzle. If acids are used, place them directly in cup *P*, so that the steam will pass through the fluids and evaporate them.

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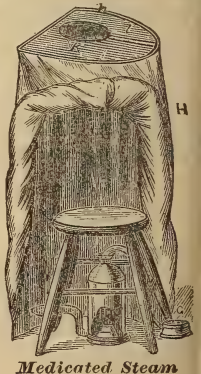

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SESSIONS OF 1878-'79.

THE COLLEGIATE YEAR in this Institution embraces a preliminary Autumnal Term, the Regular Winter Session, and a Spring Session.

THE PRELIMINARY AUTUMNAL TERM for 1878-1879, will open on Wednesday, September 18, 1878, and continue until the opening of the Regular Session. During this term, instruction, consisting of didactic lectures upon special subjects and daily clinical lectures, will be given, as heretofore, by the entire Faculty. Students expecting to attend the Regular Session are strongly recommended to attend the Preliminary Term, but attendance during the latter is not required. *During the Preliminary Term, clinical and didactic lectures will be given in precisely the same number and order as in the Regular Session.*

THE REGULAR SESSION will begin on Wednesday, Oct. 2, 1878, and end about the 1st of March, 1879.

FACULTY.

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JAMES R. WOOD, M. D., LL. D.,
Emeritus Professor of Surgery.

FORDYCE BARKER, M. D.,
Professor of Clinical Midwifery and Diseases of Women.

AUSTIN FLINT, M. D.,
Professor of the Principles and Practice of Medicine and Clinical Medicine.

W. H. VAN BUREN, M. D.,
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WILLIAM M. POLK, M. D.,
Professor of Materia Medica and Therapeutics, and Clinical Medicine.

AUSTIN FLINT, JR., M. D.,
Professor of Physiology and Physiological Anatomy, and Secretary of the Faculty.

JOSEPH D. BRYANT, M. D.,
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LEROY MILTON YALE, M. D.,
Lecturer Adjunct upon Orthopedic Surgery.

A distinctive feature of the method of instruction in this College is the union of clinical and didactic teaching. All the lectures are given within the Hospital grounds. During the Regular Winter Session, in addition to four didactic lectures on every week-day, except Saturday, two or three hours are daily allotted to clinical instruction.

The Spring Session consists chiefly of Recitations from Text-books. This term continues from the first of March until the first of June. During this Session, daily recitations in all the departments are held by a corps of examiners appointed by the Faculty. Regular clinics are also given in the Hospital and the College building.

FEES FOR THE REGULAR SESSION.

Fees for Tickets to all the Lectures during the Preliminary and Regular Term, including Clinical Lectures,	$140.00
Matriculation Fee	5.00
Demonstrator's Ticket (including material for dissection)	10.00
Graduation Fee	30.00

FEES FOR THE SPRING SESSION.

Matriculation (Ticket good for the following Winter)	$5.00
Recitations, Clinics, and Lectures	35.00
Dissection (Ticket good for the following Winter)	10.00

☞ Students who have attended two full Winter courses of lectures may be examined at the end of their second course, upon Materia Medica, Physiology, Anatomy, and Chemistry, and, if successful, they will be examined at the end of their third course upon Practice of Medicine, Surgery, and Obstetrics only.

For the Annual Circular and Catalogue, giving regulations for graduation and other information, address Prof. AUSTIN FLINT, Jr., Secretary, Bellevue Hospital Medical College.

DETROIT MEDICAL COLLEGE.

SESSIONS OF 1878-79.

FACULTY.

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Professor of Medical and Surgical Diseases of Women, and Obstetrics.

GEORGE P. ANDREWS, M.D.,
Professor of Principles and Practice of Medicine and Clinical Medicine.

ALBERT B. LYONS, M.D.,
Professor of Chemistry and Toxicology.

THEODORE A. McGRAW, M.D., Treasurer,
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Professor of General and Descriptive Anatomy and Clinical Surgery.

LEARTUS CONNOR, M.D., Secretary,
Professor of Physiology and Lecturer on Diseases of the Eye and Ear.

RECITATION SESSION.

H. O. WALKER, M.D.,
Lecturer on Genito-Urinary System and Rectum.

DANIEL LA FERTE, M.D.,
(Demonstrator of Anatomy) and Lecturer on Orthopedic Surgery and Tumors.

J. G. JOHNSON, M.D.,
Lecturer on Diseases of Mind and Nervous System.

J. H. CARSTENS, M.D.,
Lecturer on Differential Diagnosis.

E. L. SHURLY, M.D.,
Lecturer on Diseases of Throat and Lungs.

F. A. SPALDING, M.D,
Lecturer on Diseases of the Skin.

C. C. YEMANS, M.D.,
Lecturer on Chemistry.

JAS. D. MUNSON, M.D.,
Demonstrator of Practical Physiology.

E. A. CHAPOTON, M.D.,
Demonstrator of Practical Microscopy.

The Collegiate Year is divided into three sessions.

PRELIMINARY SESSION opens Wednesday, September 4th, 1878, and continues one month. The Clinics are held and the Lectures delivered by the Professors of the regular Faculty, and in the same order and frequency as during the Winter Term. Opportunity is given to dissect or work in the Chemical and Physiological Laboratories.

The REGULAR SESSION opens Wednesday, October 2d, 1878, and continues five months. During this term all the branches of *General Medicine and Surgery*, both scientific and practical, are taught with care and thoroughness. All students are daily examined on the subjects of the lectures and on their dissecting and laboratory work.

Senior students have *daily practice* in the *art of examining patients*, in forming their own diagnosis, prognosis and treatment. As this is done under the direction of the professor holding each clinic, and in the presence of the class, it constitutes an invaluable course of training.

The RECITATION SESSION begins second Wednesday in March, 1879, and continues four months. Daily during this term there will be held a lecture, recitation and one or two clinics. The lectures will be upon special subjects of medical or surgical interest.

The recitations will embrace the general subjects of the Regular Session, viz., Anatomy, Surgery Midwifery, Diseases of Women, Physiology, Practice of Medicine, Materia Medica and Chemistry.

Though the Recitation and Preliminary Sessions are optional, it is hoped that all who can will avail themselves of their manifest advantages in supplementing the regular winter course.

Three Hospitals—Harper's, St. Mary's and St. Luke's—with two large free dispensaries, afford an abundance of clinical material for illustrative and practical teaching.

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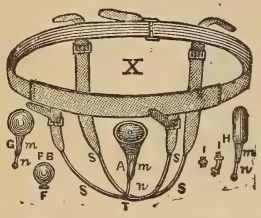

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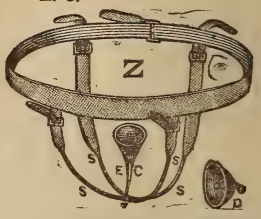

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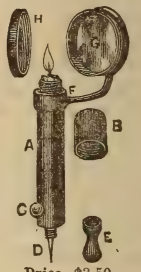

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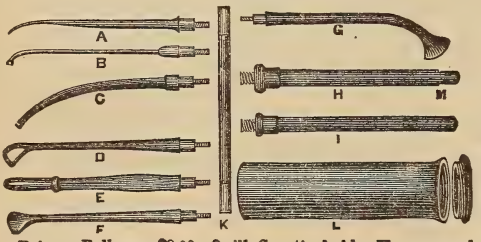

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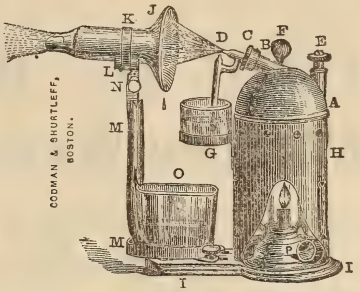

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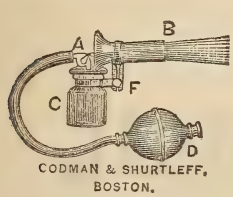

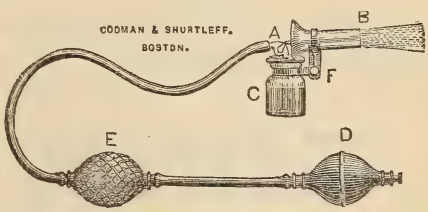

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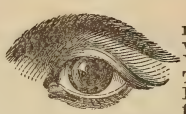

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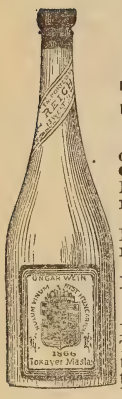

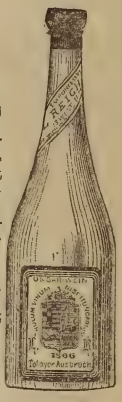

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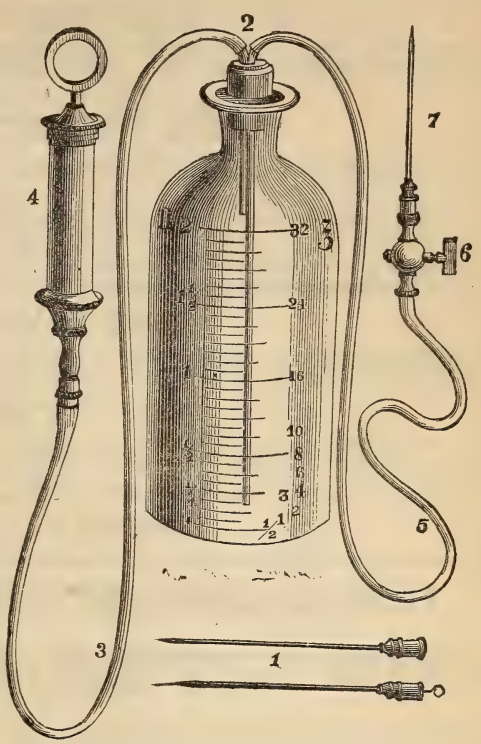

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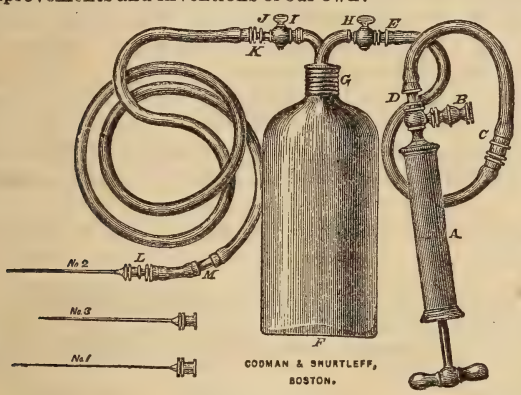

Fig. 68.

Fig. 78.

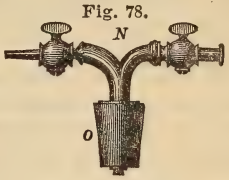

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Fig. 77.

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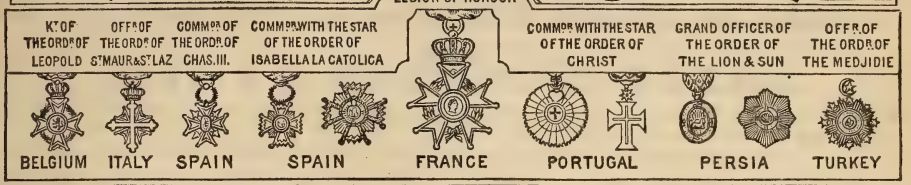
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GRANULES.

Aconitia, 1-60 gr.
Arsenious Acid, 1-50, 1-40, 1-30 and 1-20 gr.
Atropia, 1-60 gr.
Belladonna Extract, 1-4 gr.
Calcium, Sulphide, 1-10 gr.
Codeia, 1-16 and 1-5 gr.
Corros. Sublimate, 1-100, 1-40, 1-30 & 1-20 gr.
Digitalia, 1-60 gr.
Hydrastia, 1-2 gr.
Mercury, Bin-Iodide, 1-25 and 1-16 gr.
Mercury, Cyanide, 1-20 gr.
Mercury, Proto-Iodide, 1-5, 1-4 and 1-2 gr.
Morphia, Acetate, 1-8 and 1-4 gr.
Morphia, Muriate, 1-8 gr.
Morphia, Sulphate, 1-16, 1-10, 1-8, 1-6, 1-4 gr.
Morphia, Valerianate, 1-8 gr.
Podophyllin, 1-8 and 1-4 gr.
Quinine, 1-4 and 1-2 gr.
Strychnia, 1-100, 1-60, 1-40 and 1-30 gr.
Sulphur, Iodide, 1-25 and 1-10 gr.
Tartar Emetic, 1-100, 1-20 and 1-4 gr.
Zinc, Phosphide, 1-6, 1-4 and 1-2 gr.

VARIOUS FORMULAS.

Ammonium, Valerianate, 1 gr.
A convenient form of administration.
Assafœtida, 2 and 4 grs.
Assafœtida and Nux Vomica.
Made of purified Assafœtida.
Caffeia, Citrate, 1 gr.
Remedy and preventive in sick headache.
Calcium, Sulphide, 1-10 gr.
Scrofulous sores, &c.
Camphor, Mono-Bromated, 2 and 3 grs.
Hysteria, headache, nymphomania.
Cannabis Indica Extract, 1-2 and 1 gr.
Rheumatism, hysteria, delirium tremens.
Cerium, Oxalate, 1 and 2 grs.
Vomiting in pregnancy.
Coca Extract, 1 gr.
Tonic and stimulant.
Copaiba and Oleo-Resin Cubeb, 3 and 5 grs.
Of pure materials; can be relied upon.
Ergotin, 3 grs.
Made of purified Ergotin.
Fucus Vesiculosus Extract, 3 grs.
To decrease excessive obesity.
Grindelia Robusta Extract, 3 grs.
Hay fever, asthmatic affections.
Guarana Extract, 3 grs.
Headache, neuralgia.
Hypophosphites Compound.
A convenient form of administration.
Iodide of Iron (Blancard's), 1 gr.
Freshly prepared; superior to the imported.
Iron, Dialysed, 2 grs.
Made of Merck's scales.
Jaborandi Extract. 3 grs.
Diaphoretic and sialogogue.
Lithium, Bromide, 2 grs.
A better hypnotic than Brom. Pot.
Phosphates Iron, Quinine and Strychnine.
A tonic more convenient than the syrup.
Phosphorus, 1-100, 1-50, 1-30, 1-20, 1-12 gr.
And over 20 combinations.
Salicin, 2 1-2 and 5 grs.
Useful in rheumatism.
Salicylic Acid, 2 1-2 and 5 grs.
Salicylic Acid and Morphine.
Valuable in rheumatism.
Sandal Wood Extract, 1 and 2 grs.
Contains both the oil and resin.
Sumbul Extract, 1 gr.
Hysteria, spasmodic disorders.
Zinc, Phosphide, 1-6, 1-4 and 1-2 gr.
Zinc, Phosphide and Extract Nux Vomica.
Brain diseases.

Our Formula Book, (fourth edition) containing complete list of all our pills with formulas and therapeutical notes, together with partial list of our fluid extracts, with doses, furnished upon application. As we desire to *improve* in *every* particular, we will be grateful to any Physician who will write us regarding his experience with our Gelatine-Coated Pills and other preparations, or make any suggestions.

McKESSON & ROBBINS, Manufacturing Chemists,

91 Fulton Street, New York.

CAUTION!!—SPECIFY McKESSON & ROBBINS'.

LIQUID
Pancreopepsine
(DIGESTIVE FLUID.)

THIS preparation contains, in an agreeable form, the natural digestive and assimilative principles, **Pancreatine, Pepsine, Lactic** and **Muriatic Acids.** The best means of re-establishing digestion in enfeebled stomachs, where the power to assimilate and digest food is impaired, is to administer principles capable of communicating the elements necessary to convert food into nutriment. The value of **Liquid Pancreopepsine** in this connection has been fully established and we can recommend it with confidence to the Profession as superior to Pepsin alone. It aids in digesting animal and vegetable cooked food, fatty and amylaceous substances, and may be employed in all cases where, from prolonged sickness or other causes, the alimentary processes are not in their normal condition.

It is usually given in tablespoonful doses after each meal.

PUT UP IN 16 OUNCE FRENCH SQUARE BOTTLES.

Price, $1.00 Per Bottle,
" 10.00 " Doz. Bottles.

WILLIAM R. WARNER & CO.

MANUFACTURERS OF

SUGAR-COATED PILLS.

1228 MARKET STREET,

PHILADELPHIA.

THE THREE BEST TONICS OF THE PHARMACOPŒIA:

IRON, PHOSPHORUS, CALISAYA.

CASWELL, HAZARD & CO. call the attention of the Profession to their preparation of the above estimable Tonics, as combined in their elegant and palatable

FERRO-PHOSPHORATED ELIXIR OF CALISAYA BARK.

A combination of the Pyrophosphate of Iron and Calisaya never before attained, in which the nauseous inkiness of the iron and astringency of the Calisaya are overcome, without any injury to their active tonic principles, and blended into a beautiful Amber-colored Cordial, delicious to the taste and acceptable to the most delicate stomach. This preparation is made directly from the **ROYAL CALISAYA BARK**—not from **its ALKALOIDS OR THEIR SALTS**—being unlike other preparations called "Elixir of Calisaya and Iron," which are simply an **Elixir of Quinine and Iron.** Our Elixir can be depended upon as being a true Elixir of Calisaya Bark with Iron. Each dessertspoonful contains seven and a half grains Royal Calisaya Bark, and two grains Pyrophosphate of Iron.

Ferro-Phosphorated Elixir of Calisaya Bark with Strychnia. This preparation contains one grain of Strychnia added to each pint of our Ferro-Phosphorated Elixir of Calisaya Bark, greatly intensifying its tonic effect.

Ferro-Phosphorated Elixir of Calisaya with Bismuth, containing eight grains Ammonio-Citrate of Bismuth in each tablespoonful of the Ferro-Phosphorated Elixir of Calisaya Bark.

Elixir Phosphate Iron, Quinine and Strychnia. Each teaspoonful contains one grain Phosphate Iron, one grain Phosphate Quinine, and one sixty-fourth of a grain of Strychnia.

Ferro-Phosphorated Elixir of Gentian, containing one ounce of Gentian and one hundred and twenty-eight grains Pyrophosphate Iron to the pint, making in each dessertspoonful seven and one half grains Gentian and two grains Pyrophosphate Iron.

Ferro-Phosphorated Wine of Wild Cherry Bark. Each fluid-drachm contains twenty-five grains of the Bark, and two grains of Ferri-Pyrophosphate.

Elixir Taraxacum Comp. Each dessertspoonful contains fifteen grains of Taraxacum.

Elixir Pepsin, Bismuth, and Strychnine. Each fluid-drachm contains one sixty-fourth of a grain of Strychnine.

Juniper Tar Soap. Highly recommended by the celebrated Erasmus Wilson, and has been found very serviceable in chronic eczema and diseases of the skin generally. It is invaluable for chapped hands and roughness of the skin caused by change of temperature. It is manufactured by ourselves, from the purest materials, and is extensively and successfully prescribed by the most eminent Physicians.

CASWELL, HAZARD & CO.,

Family and Manufacturing Chemists, New York.

APOLLINARIS

NATURAL MINERAL WATER.

HIGHLY EFFERVESCENT.

Approved by the Academy of Medicine of France, and its sale in France authorized by special decree of the French Government.

"THE QUEEN OF TABLE WATERS."—*London Medical Record.*

PROFESSOR OSCAR LIEBREICH, Professor of Medical Chemistry, University of Berlin:—"After minute personal investigation, I can affirm that the Apollinaris Water is bottled according to all the rules of science, and is an entirely Natural Mineral Water."

PROFESSOR J. A. WANKLYN, Lecturer on Chemistry, St. George's Hospital, London:—"I have thoroughly examined the Apollinaris Spring and the method of bottling. The Apollinaris Water, as supplied to the public, is simply and purely a Natural Mineral water, impregnated only with its own gas."

PROFESSOR MOHR, Medical Councillor, University of Bonn:—"After exhaustive investigation, I declare the Apollinaris Water, as supplied to the public, to be purely natural in every respect, and of most excellent quality."

DR. THEODOR KYLL, Analytical Chemist, Town Councillor, Cologne (*expert appointed by United States Vice-Consul, October*, 1877), reported that "The Apollinaris Water, as bottled, deserves in every respect the name of an excellent natural acidulated water."

Every Genuine Bottle bears the REGISTERED YELLOW PICTORIAL LABEL of the Apollinaris Company, Limited, London.

To be had of all Wine Merchants, Grocers, Druggists, and Mineral Water Dealers throughout the United States, and Wholesale of

FREDK. DE BARY & CO., Sole Agents,

1117-1168 **41 and 43 WARREN STREET, NEW YORK.**

SAVORY & MOORE beg to call the attention of the Profession to some of their Special Preparations, the purity and uniform strength of which are Guaranteed.

PANCREATIC EMULSION,

Prepared in accordance with the direction of the Physician who introduced this purely

MEDICINAL FOOD FOR CONSUMPTION AND WASTING DISEASES.

Pancreatic Emulsion will always take precedence of Cod-Liver Oil, by reason of its introducing the STABLE SOLID FATS INTO THE SYSTEM, instead of the evanescent fluid fats or oils.

Neither Cod-Liver Oil nor EMULSIONS of COD-LIVER OIL can supply the kind of fat necessary for sound and vigorous human life. In addition to this, all the Oily Emulsions are liable to rancidity, and most of them are highly objectionable in consequence of the SAPONIFICATION and ULTIMATE PUTREFACTION, produced by the chemical agents used instead of Pancreatic Juice.

Pancreatic Emulsion (properly so-called), is THE NECESSARY FOOD OF THE CONSUMPTIVE, and the most reliable form of nutriment for counteracting the tendency to Phthisis and other wasting diseases. It presents to the lacteals fat, in essentially the same condition for assimilation and absorption as in a vigorous human frame, and THE AGENT of the important change is THE NATURAL SECRETION of the PANCREAS.

Pancreatic Emulsion may therefore be regarded as Chyle obtained by nature's own process. In certain cases both Cod-Liver Oil and Pancreatic Emulsion are required—one to supply the blood with oil or liquid fat, the other with the more stable solid fats; but it cannot be too strongly urged that both PANCREATIC EMULSION and Cod-Liver Oil are *not to be regarded as Medicines, but as articles of diet*, without which patients, with their defect of health, will as surely starve as healthy persons would if deprived of the most nutritive part of their food.

Pancreatized (Digestive) Cod-Liver Oil. By Pancreatized Cod-Liver Oil, the active digestive principle of the Pancreatic Juice is imparted to it, which renders it in a highly favorable condition for rapid and complete digestion and assimilation, preventing nausea, and largely increasing the beneficial properties of the Oil.

Pancreatine effects the digestion and assimilation of Cod-Liver Oil and Fat, as well as Food generally. This palatable and popular remedy is therefore invaluable to PATIENTS WHO ARE UNABLE TO DIGEST COD-LIVER OIL, and who are thus deprived of its nourishing and invigorating properties.

Pancreatine Wine. An excellent vehicle for taking Cod-Liver Oil and promoting the digestion of it.

Tins, 1*s*, 2*s*, 5*s*, 10*s*.

AS SUPPLIED TO

THE ROYAL NURSERIES

Of England, Russia, Etc.,

AND CONTAINING THE

HIGHEST AMOUNT OF NOURISHMENT

IN THE

MOST DIGESTIBLE AND CONVENIENT FORM.

THE MOST PERFECT SUBSTITUTE FOR HEALTHY MOTHER'S MILK.

DATURA TATULA FOR ASTHMA, Etc.

A powerful and universally adopted Remedy

"By immediate contact with the air cells and passages, instant relief is given."—Dr. LATHAM, *Physician to the Queen*.

"A remedy of great power and usefulness in Asthma, Chronic Bronchitis, etc."—Dr. W. BARKER.

"The Smoke causes no nausea. I have never known an instance in which relief was not obtained." GENERAL ALEXANDER.

In Tins, for use by means of a pipe, Cigars and Cigarettes, and Pastilles, for Inhalation.

SAVORY & MOORE, 143 New Bond Street, London.

Agents for America, E. FOUGERA & CO., NEW YORK.

TO THE MEDICAL PROFESSION.

LACTOPEPTINE,

The most important remedial agent ever presented to the Profession for Indigestion, Dyspepsia, Vomiting in Pregnancy, Cholera Infantum, Constipation, and all diseases arising from Imperfect Nutrition, containing the five active agents of digestion, viz.: Pepsin, Pancreatine, Diastase, or Veg. Ptyalin, Lactic and Hydrochloric Acids, in Combination with Sugar of Milk.

FORMULA OF LACTOPEPTINE.

Sugar of Milk.....40 ounces.	Veg. Ptyalin or Diastase.....4 drachms.
Pepsin..... 8 ounces.	Lactic Acid.....5 fl. drachms.
Pancreatine ..... 6 ounces.	Hydrochloric Acid.....5 fl. drachms.

LACTOPEPTINE owes its great success solely to the Medical Profession, and is sold almost entirely by Physicians' Prescriptions. Its almost universal adoption by the Profession is the strongest guarantee we can give that its therapeutic value has been most thoroughly established.

The undersigned having tested LACTOPEPTINE, recommend it to the Profession:—

ALFRED L. LOOMIS, M.D.,
Professor of Pathology and Practice of Medicine, University of the City of New York.

LEWIS A. SAYRE, M.D,
Professor of Orthopædic Surgery and Clinical Surgery, Bellevue Hospital Medical College.

F. LE ROY SATTERLEE, M.D., PH.D.,
Professor of Chem., Mat. Med. and Therap. in the N. Y. College of Dent.; Prof. of Chem. and Hygiene in the Am. Vet. College, etc., etc.

SAMUEL R. PERCY, M.D.,
Professor Materia Medica, New York Medical College.

A. VAN DEVEER, M.D.,
ALBANY, N. Y., June 8th, 1878.
Prof. of the Prin. and Prac. of Surg., Albany Med. Col.; Surg. Albany and St. Peter's Hospitals.
"I have given LACTOPEPTINE a good thorough trial, and have been greatly pleased with the excellent results that have followed its administration."

JOHN H. PACKARD, M.D.,
PHILADELPHIA, PA., May 30th, 1878.
Pres't Phila. Co. Obstet. Society; Surg. Episcopal and Women's Hospitals.
"I have found great satisfaction in the use of LACTOPEPTINE, and have ordered it frequently in cases of Dyspepsia, especially where there is want of tone and defective secretion."

JAS. AITKEN MEIGS, M.D.,
PHILADELPHIA, June 20th, 1878.
Prof. of the Institutes of Med. and Med. Juris., Jeff. Medical College; Phy. to Penn. Hos.
"I have used LACTOPEPTINE with very good effect in a number of cases of Dyspepsia."

W. W. DAWSON, M.D.,
CINCINNATI, O., June 21st, 1878.
Prof. Prin. and Prac. Surg., Med. Col. of Ohio; Surg. to Good Samaritan Hospital.
"I have used LACTOPEPTINE with great advantage in cases of feeble digestion."

ALBERT F. A. KING, M.D.,
WASHINGTON, D. C., June 19th, 1878.
Prof. of Obstetrics, University of Vermont.
"I have used LACTOPEPTINE both in hospital and private practice, and have found it to answer fully the purposes for which it is recommended. As an immediate aid to the digestive function, I know of no remedy which acts more directly."

D. W. YANDELL, M.D.,
LOUISVILLE, KY., March 7th, 1878.
Prof. of the Science and Art of Surg. and Clinical Surg., University of Louisville.
"I have made much use of LACTOPEPTINE, and take great pleasure in stating that it has rarely disappointed me. I shall, of course, continue to prescribe it."

ROBT. BATTEY, M.D.,
ROME, GA., June 8th, 1878.
Emeritus Prof. of Obstetrics, Atlanta Med. College, and Ex-Pres. Med. Association of Ga.
"I have used LACTOPEPTINE in a case of Dyspepsia with satisfaction. I think well of it."

CLAUDE H. MASTIN, M.D., LL.D.,
MOBILE, ALA., June 8th, 1878.
"I consider LACTOPEPTINE the very best preparation of the kind which I have ever employed, and for patients with feeble digestion I know of nothing that is equal to it."

Prof. H. C. BARTLETT, PH.D., F.C.S.,
LONDON, ENG., February 22d, 1876.
"I find the preparation of LACTOPEPTINE contains within itself all the principles required to promote a healthy digestion.

PRICE LIST.

LACTOPEPTINE (in oz. bottles).....per oz.	$1.00
" (" ").....per doz.	10.00
" (in ½ lb ").....per lb.	12.00

We also prepare the various Elixirs and Syrups, in combination with Lactopeptine.

THE NEW YORK PHARMACAL ASSOCIATION,

2 and 3 COLLEGE PLACE, NEW YORK.

P. O. BOX 1574.

1088-1139eow

SPECIAL FACTS CONCERNING

BELLADONNA PLASTER

IN RUBBER COMBINATION.

PREPARED BY

SEABURY & JOHNSON.

In undertaking the manufacture of Medicinal Plasters we had but one object in view—THE IMPROVEMENT OF ALL KINDS OF PLASTERS. Among the various plasters manufactured by us was BELLADONNA PLASTER. This article met with a larger demand than some of the others, acquired a reputation among the best druggists, and received the confidence of the profession. Its large sale interfered with rival manufacturers, and continuous efforts have been made on their part to prejudice physicians against it.

As these attacks have been of late more malicious than usual, we have deemed it advisable, in self-defence, and in order to place our article fairly before the practitioner, to assign reasons why we consider it the most thoroughly reliable preparation ever offered the medical profession. First, it is a combination of the Alcoholic Extract of Belladonna only, with purified rubber, and thus possesses all of the advantages of the rubber base, being pliable, convenient of application, and not subject to the deteriorating influence of age, as is the case when any other base is used. Secondly, it is freed from all irritative properties. Thirdly, it is more adhesive than any other plasters. Fourthly, we believe it to be as perfect in every respect as it is possible to make a Belladonna Plaster.

ENGLISH EXTRACTS—WHY WE DO NOT EMPLOY THEM.

Imported English Extracts are prepared from the Inspissated Juice of the leaf, whilst our pharmacopœia formula is treated by Alcohol. The active principle of Belladonna (Atropia) is only partially obtained by Inspissation. The employment of Alcoholic or Hydro-Alcoholic Solvents completely exhausts the entire strength of the drug.

The value of both preparations is clearly presented in an able treatise published in the *American Journal of Pharmacy*, April 1876, page 145. Our own investigations are substantially identical:—

TABLE OF RESULTS.

	Test solution requisite for 100 c. c. of Ext. Solution.	Percentage of Atropia in Extract.
EXT. BELLADONNÆ ALCOH. U. S. P.	*17·732*	*2·571*
GEO. ALLEN & CO., English	*9·73*	*1·411*
*HERRINGS & CO., " *	*8·133*	*1·179*
E. MERCK, Germany (aqueous extract), made 1869	*1·9*	*·275*

This analysis clearly establishes the fact that the **Alcoholic Extract of Belladonna of the U. S. P. averages over twice the strength of English Extracts,** and should, therefore, be preferred in all cases where a reliable article is desired. Inspissated and Aqueous Extracts deteriorate, while Alcoholic remain stable.

Therefore the assumption of pretentious manufacturers that the English Extracts are the superior preparations, must be based on a former supposition rather than present facts. The following analysis substantiates our claim regarding English Extracts.

ANALYSIS OF BELLADONNA PLASTERS, BY PROF. R. OGDEN DOREMUS.

"BELLEVUE HOSPITAL COLLEGE, New York, Sept. 7, 1878.

"GENTLEMEN—I obtained from Messrs. W. H. Schieffelin & Co., of this city, samples of Belladonna Plasters prepared by Grosvenor & Richards, Boston; Mitchell Novelty Plaster Works; Seabury & Johnson, New York and London. I have examined these varieties for the purpose of determining which possesses the largest quantity of Atropine. I employed equal surfaces of each, and *my analysis demonstrated that* SEABURY & JOHNSON'S *contains the greatest proportion* of the active principle of Belladonna.

"R. OGDEN DOREMUS, M.D., LL.D."

Belladonna Plaster, prepared by Seabury & Johnson, is packed in elegant tin cases, which contain 1 yard each, and can be obtained of almost any druggist throughout the United States and Canada, or will be furnished direct by mail. Samples sent on application.

SEABURY & JOHNSON,

Manufacturers of Medicinal and Surgical Plasters, in Rubber Combination,

21 PLATT STREET, NEW YORK.

ALWAYS SPECIFY SEABURY & JOHNSON'S PLASTERS.

NEW HYPODERMIC SYRINGES.

FIG. 48.—No. 2.

These cuts (two-thirds the actual size) represent a New Hypodermic Syringe of our Manufacture. With the exception of the needles, it is of German Silver, a material chosen as possessing, next to steel, the greatest rigidity and durability, while free from liability to oxydation. The barrel is formed by a process peculiar to ourselves, securing uniformity of calibre without soldered joint or seam. It is plated inside and outside with nickel. The piston is packed in the double parachute form, with leather prepared expressly for the purpose. It will be found to retain its elasticity, to operate smoothly, to resist all tendency of fluid to pass above, as of air below it. A nicely-engraved scale upon the piston-rod indicates minims, thirty being the capacity of the syringe.

Syringes Nos. 2, 3, and 4 have also a screw thread upon the piston-rod, and a traverse nut, thereby favoring the utmost nicety in the graduation of doses.

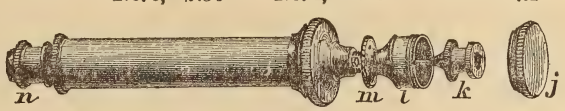
No. 3, Compact, has hollow piston-rod to receive one needle, also a protecting cover and fluid retainer; it may be carried in the Pocket Instrument or Vial Case, or without any case.

No. 4, Compact, is like No. 3, with the addition of a second needle, carried upon the syringe in the usual place, protected by a metal shield.

Nos. 1 and 2 are put up in neat morocco-covered case, with vial.

Two sizes of needles are furnished with each instrument, Nos. 1, 2, and 4; one only with No. 3. They are of refined steel, carefully tempered, and thoroughly plated with gold; they are of small diameter and large relative calibre, sharpened to such an angle as will offer least resistance to penetration, and therefore cause least pain. At the point of union with the socket they are reinforced with an outer covering of German silver, thereby overcoming the tendency to become broken at this place. They are connected with the barrels by a screw thread.

Prices: No. 1, *$3.50* No. 2, *$4.00* Postage, .03
" No. 3, *2.50* No. 4, *3.50* " .02



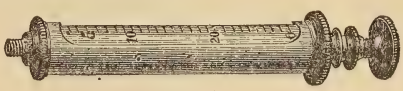
No. 3.

These Syringes are so thoroughly and strongly made as to be free from the annoying accidents common to most Hypodermic Syringes; and we believe that, for convenience, durability, and nicety of construction, they have no superior.

OTHER HYPODERMIC SYRINGES.

		Postage.
No. 7, glass-barrel, graduation engraved on barrel, with screw nut on piston, nickel-plated mountings, two best steel gilt needles, in neat case	*$3.00*	.02
No. 9, glass, graduation engraved and numbered on piston-rod, with screw nut, best steel gilt needles, in neat case	*3.00*	.02
No. 7 or No. 9, with two steel unplated needles, either	*2.50*	.02
No. 10, glass, Luer's (French), graduation as No. 9, one gold needle and two steel needles, silver mountings, neat velvet-lined morocco case	*12.00*	.02

No. 11, glass cylinder, fenestrated, nickel plated metal mounting (see cut).



No. 11.

As represented in the cut, the glass cylinder is encased in a metal mounting, fenestrated to show the graduations for minims. The instrument may readily be taken apart for cleaning, and for those who prefer glass, is recommended for its non-liability to breakage. Price, with two best steel gilt needles, in a neat case ..... *$3.50* Postage. .02

☞ *Any of the above will be sent by return mail on receipt of Price and Postage.* ☜

HYPODERMIC SYRINGES OF ALL KINDS PROMPTLY REPAIRED.

Our new *Illustrated Catalogue of Surgical Instruments,* also a new Pamphlet on Inhalation of Atomized Liquids, by distinguished medical authority, with many valuable formulas, will be forwarded, postpaid, on application.

Atomizers and articles for Antiseptic Surgery, Aspirators, Clinical Thermometers, Elastic Hose, Electrical Instruments, Invalids' Articles, Manikins, Models, Ophthalmoscopes; Dr. Paquelin's Thermo-Cautery; Pessaries, Rubber Urinals; Sayre's Splints, and Apparatus for every kind of Deformity; Skeletons, Sphygmographs, Splints, Transfusion Apparatus; Vaccine Virus from our own stables; Veterinary Instruments; Waldenburg's Pneumatic Apparatus, &c., &c.

☞ *See our other advertisements in successive numbers* MEDICAL AND SURGICAL REPORTER.

CODMAN & SHURTLEFF,

Makers and Importers of Superior Surgical Instruments,

1088-1139eow **13 & 15 TREMONT STREET, BOSTON, MASS.**

In corresponding with Advertisers please mention THE MEDICAL AND SURGICAL REPORTER.

In corresponding with Advertisers please mention **The Medical and Surgical Reporter.**

The Trommer Extract of Malt Company guarantee to the Medical Profession the excellent quality and absolute reliability of their Extract of Malt. and all its combinations.

Extract of Malt,

WITH COD-LIVER OIL,

FIRST PROPOSED BY DR. F. H. DAVIS, OF CHICAGO,

(See Transactions of American Medical Association, for 1876, page 176.)

Is presented to the medical profession as an efficient, palatable and very stable combination, consisting of equal parts of the ***Extract of Canadian Barley Malt*** and the best quality of genuine ***Norwegian Cod-liver Oil.*** Many patients take this preparation who cannot take the oil in any other form. It may be employed in all cases where Cod-liver Oil is appropriate, but is peculiarly adapted to those complicated with disordered digestion.

Extract of Malt,

WITH COD-LIVER OIL AND PHOSPHORUS,

Consists of equal parts of Extract of Malt and pure fresh Norwegian Cod-liver Oil, Phosphorus being added in the proportion of $\frac{1}{100}$ grain to the dose, and so combined as to be perfectly protected from oxidation. The ***Trommer Extract of Malt Company*** prepare this combination agreeably to the suggestion of ***Dr. Wilson Fox.*** It is specially adapted to cases of phthisis, bronchitis, pernicious anæmia, and diseases of the nervous system.

Extract of Malt,

WITH COD-LIVER OIL AND IODIDE OF IRON

added in the proportion of one grain to the dose. This combination is intended to meet those cases where the physician desires to add a more energetic alterative and restorative to the treatment with Cod-liver Oil and Extract of Malt. The manufacturers have received numerous letters from prominent physicians, referring to it in terms of high praise.

1090-1115eow

1879. BEGIN NOW! 1879.

UNEQUALED INDUCEMENTS!

NEW SUBSCRIBERS WILL RECEIVE

THE WEEKLY

MEDICAL AND SURGICAL REPORTER

From now until December 31st, 1879,

FOR $5.00!

The MEDICAL AND SURGICAL REPORTER has been established over thirty years, and has, it is believed, a *bonâ fide* subscription list, unsurpassed by any medical weekly in America.

It is issued every Saturday, neatly cut and bound, and gives 24 large octavo, double-columned pages of reading matter in each number. It claims the following

SPECIAL FEATURES.

IT IS INDEPENDENT, being controlled by no clique, college, society or publishing house.

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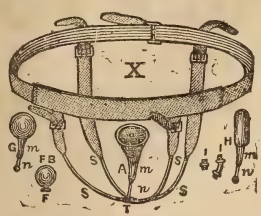

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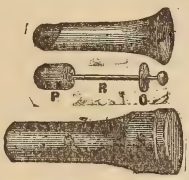

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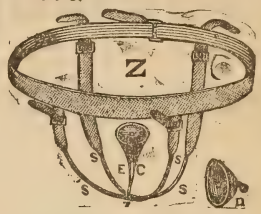

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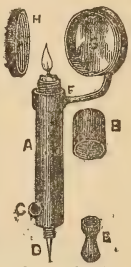

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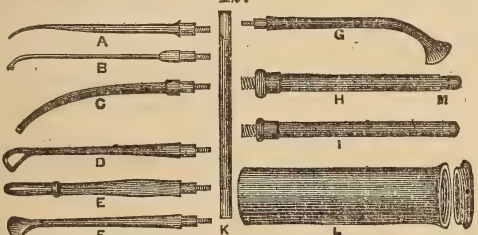

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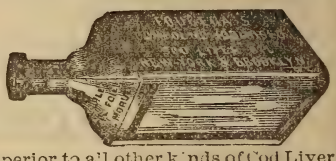

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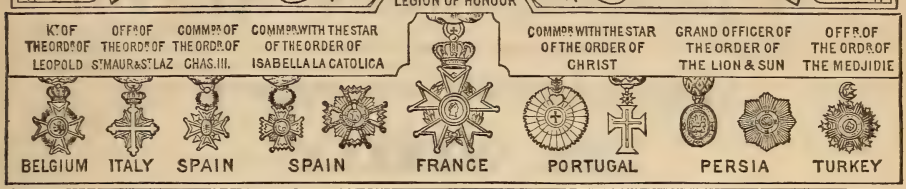
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LIQUID
Pancreopepsine
(DIGESTIVE FLUID.)

THIS preparation contains, in an agreeable form, the natural digestive and assimilative principles, **Pancreatine, Pepsine, Lactic** and **Muriatic Acids.** The best means of re-establishing digestion in enfeebled stomachs, where the power to assimilate and digest food is impaired, is to administer principles capable of communicating the elements necessary to convert food into nutriment. The value of **Liquid Pancreopepsine** in this connection has been fully established and we can recommend it with confidence to the Profession as superior to Pepsin alone. It aids in digesting animal and vegetable cooked food, fatty and amylaceous substances, and may be employed in all cases where, from prolonged sickness or other causes, the alimentary processes are not in their normal condition.

It is usually given in tablespoonful doses after each meal.

PUT UP IN 16 OUNCE FRENCH SQUARE BOTTLES.

Price, $1.00 Per Bottle,
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NERVINE, STIMULANT.

USED IN PERU AND BOLIVIA AS A MASTICATORY.

This Extract contains the entire properties of the leaf of the **Erythroxylon Coca.**

COCA WINE.

This wine has been successfully used in France as a **Tonic,** and found very desirable where a more mild effect of the Coca than the Fluid Extract was desired.

FLUID EXTRACT OF FUCUS VESICULOSUS

(BLADDER WRACK).

SUCCESSFULLY USED FOR THE REDUCTION OF OBESITY.

It seems to have no appreciable effect on the general health other than the removal of the adipose tissue.

The above Extracts have been prepared by us, and special care given that their medical properties be not impaired.

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THE NEW SUBSTITUTE FOR ERGOT.

PROF. LISTER'S ANTISEPTIC DRESSING,

PREPARED BY US.

We also have direct from Edinburgh Professor Lister's entire Antiseptic Dressing, consisting of Antiseptic Gauze, Mackintosh Cloth, Protection Silk, Carbolized Ligatures, and Spray Producers for Dr. Lister's Method.

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NATURAL MINERAL WATER.

HIGHLY EFFERVESCENT.

Approved by the Academy of Medicine of France, and its sale in France authorized by special decree of the French Government.

"THE QUEEN OF TABLE WATERS."—*London Medical Record.*

PROFESSOR OSCAR LIEBREICH, Professor of Medical Chemistry, University of Berlin:—"After minute personal investigation, I can affirm that the Apollinaris Water is bottled according to all the rules of science, and is an entirely Natural Mineral Water."

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DR. THEODOR KYLL, Analytical Chemist, Town Councillor, Cologne (*expert appointed by United States Vice-Consul, October,* 1877), reported that "The Apollinaris Water, as bottled, deserves in every respect the name of an excellent natural acidulated water."

Every Genuine Bottle bears the REGISTERED YELLOW PICTORIAL LABEL of the Apollinaris Company, Limited, London.

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SAVORY & MOORE beg to call the attention of the Profession to some of their Special Preparations, the purity and uniform strength of which are Guaranteed.

PANCREATIC EMULSION,

Prepared in accordance with the direction of the Physician who introduced this purely

MEDICINAL FOOD FOR CONSUMPTION AND WASTING DISEASES.

Pancreatic Emulsion will always take precedence of Cod-Liver Oil, by reason of its introducing the STABLE SOLID FATS INTO THE SYSTEM, instead of the evanescent fluid fats or oils.

Neither Cod-Liver Oil nor EMULSIONS of COD-LIVER OIL can supply the kind of fat necessary for sound and vigorous human life. In addition to this, all the Oily Emulsions are liable to rancidity, and most of them are highly objectionable in consequence of the SAPONIFICATION and ULTIMATE PUTREFACTION, produced by the chemical agents used instead of Pancreatic Juice.

Pancreatic Emulsion (properly so-called), is THE NECESSARY FOOD OF THE CONSUMPTIVE, and the most reliable form of nutriment for counteracting the tendency to Phthisis and other wasting diseases. It presents to the lacteals fat, in essentially the same condition for assimilation and absorption as in a vigorous human frame, and THE AGENT of the important change is THE NATURAL SECRETION of the PANCREAS.

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Pancreatized (Digestive) Cod-Liver Oil. By Pancreatized Cod-Liver Oil, the active digestive principle of the Pancreatic Juice is imparted to it, which renders it in a highly favorable condition for rapid and complete digestion and assimilation, preventing nausea, and largely increasing the beneficial properties of the Oil.

Pancreatine effects the digestion and assimilation of Cod-Liver Oil and Fat, as well as Food generally. This palatable and popular remedy is therefore invaluable to PATIENTS WHO ARE UNABLE TO DIGEST COD-LIVER OIL, and who are thus deprived of its nourishing and invigorating properties.

Pancreatine Wine. An excellent vehicle for taking Cod-Liver Oil and promoting the digestion of it.

Tins, 1*s*, 2*s*, 5*s*, 10*s*.

AS SUPPLIED TO

THE ROYAL NURSERIES

Of England, Russia, Etc.,

AND CONTAINING THE

HIGHEST AMOUNT OF NOURISHMENT

IN THE

MOST DIGESTIBLE AND CONVENIENT FORM.

THE MOST PERFECT SUBSTITUTE FOR HEALTHY MOTHER'S MILK.

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A powerful and universally adopted Remedy

"By immediate contact with the air cells and passages, instant relief is given."—Dr. LATHAM, *Physician to the Queen.*

"A remedy of great power and usefulness in Asthma, Chronic Bronchitis, etc."—Dr. W. BARKER.

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In Tins, for use by means of a pipe, Cigars and Cigarettes, and Pastilles, for Inhalation.

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TO THE MEDICAL PROFESSION.

LACTOPEPTINE,

The most important remedial agent ever presented to the Profession for Indigestion, Dyspepsia, Vomiting in Pregnancy, Cholera Infantum, Constipation, and all diseases arising from Imperfect Nutrition, containing the five active agents of digestion, viz.: Pepsin, Pancreatine, Diastase, or Veg. Ptyalin, Lactic and Hydrochloric Acids, in Combination with Sugar of Milk.

FORMULA OF LACTOPEPTINE.

Sugar of Milk.....40 ounces.	Veg. Ptyalin or Diastase.....4 drachms.
Pepsin..... 8 ounces.	Lactic Acid.....5 fl. drachms.
Pancreatine..... 6 ounces.	Hydrochloric Acid.....5 fl. drachms.

LACTOPEPTINE owes its great success solely to the Medical Profession, and is sold almost entirely by Physicians' Prescriptions. Its almost universal adoption by the Profession is the strongest guarantee we can give that its therapeutic value has been most thoroughly established.

The undersigned having tested LACTOPEPTINE, recommend it to the Profession:—

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Professor of Pathology and Practice of Medicine, University of the City of New York.

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SAMUEL R. PERCY, M.D.,
Professor Materia Medica, New York Medical College.

A. VAN DEVEER, M.D.,
ALBANY, N. Y., June 8th, 1878.
Prof. of the Prin. and Prac. of Surg., Albany Med. Col.; Surg. Albany and St. Peter's Hospitals.
"I have given LACTOPEPTINE a good thorough trial, and have been greatly pleased with the excellent results that have followed its administration."

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Pres't Phila. Co. Obstet. Society; Surg. Episcopal and Women's Hospitals
"I have found great satisfaction in the use of LACTOPEPTINE, and have ordered it frequently in cases of Dyspepsia, especially where there is want of tone and defective secretion."

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Emeritus Prof. of Obstetrics, Atlanta Med. College, and Ex-Pres. Med. Association of Ga.
"I have used LACTOPEPTINE in a case of Dyspepsia with satisfaction. I think well of it."

CLAUDE H. MASTIN, M.D., LL.D.,
MOBILE, ALA., June 8th, 1878.
"I consider LACTOPEPTINE the very best preparation of the kind which I have ever employed, and for patients with feeble digestion I know of nothing that is equal to it."

Prof. H. C. BARTLETT, PH.D., F.C.S.,
LONDON, ENG., February 22d, 1876.
"I find the preparation of LACTOPEPTINE contains within itself all the principles required to promote a healthy digestion.

PRICE LIST.

LACTOPEPTINE (in oz. bottles).....per oz. $1.00
" (" ").....per doz. 10.00
" (in ½ lb ").....per lb. 12.00

We also prepare the various Elixirs and Syrups, in combination with Lactopeptine.

THE NEW YORK PHARMACAL ASSOCIATION,

2 and 3 COLLEGE PLACE, NEW YORK.

P. O. BOX 1574.

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BELLADONNA PLASTER

IN RUBBER COMBINATION.

PREPARED BY

SEABURY & JOHNSON.

In undertaking the manufacture of Medicinal Plasters we had but one object in view—THE IMPROVEMENT OF ALL KINDS OF PLASTERS. Among the various plasters manufactured by us was BELLADONNA PLASTER. This article met with a larger demand than some of the others, acquired a reputation among the best druggists, and received the confidence of the profession. Its large sale interfered with rival manufacturers, and continuous efforts have been made on their part to prejudice physicians against it.

As these attacks have been of late more malicious than usual, we have deemed it advisable, in self-defence, and in order to place our article fairly before the practitioner, to assign reasons why we consider it the most thoroughly reliable preparation ever offered the medical profession. First, it is a combination of the Alcoholic Extract of Belladonna only, with purified rubber, and thus possesses all of the advantages of the rubber base, being pliable, convenient of application, and not subject to the deteriorating influence of age, as is the case when any other base is used. Secondly, it is freed from all irritative properties. Thirdly, it is more adhesive than any other plasters. Fourthly, we believe it to be as perfect in every respect as it is possible to make a Belladonna Plaster.

ENGLISH EXTRACTS—WHY WE DO NOT EMPLOY THEM.

Imported English Extracts are prepared from the Inspissated Juice of the leaf, whilst our pharmacopœia formula is treated by Alcohol. The active principle of Belladonna (Atropia) is only partially obtained by Inspissation. The employment of Alcoholic or Hydro Alcoholic Solvents completely exhausts the entire strength of the drug.

The value of both preparations is clearly presented in an able treatise published in the *American Journal of Pharmacy*, April 1876, page 145. Our own investigations are substantially identical:—

TABLE OF RESULTS.

	Test solution requisite for 100 c. c. of Ext. Solution.	Percentage of Atropia in Extract.
EXT. BELLADONNÆ ALCOH. U. S. P.	*17·732*	*2·571*
GEO. ALLEN & CO., English	*9·73*	*1·411*
HERRINGS & CO., "	*8·133*	*1·179*
E. MERCK, Germany (aqueous extract), made 1869.....	*1·9*	*·275*

This analysis clearly establishes the fact that the **Alcoholic Extract of Belladonna of the U. S. P. averages over twice the strength of English Extracts**, and should, therefore, be preferred in all cases where a reliable article is desired. Inspissated and Aqueous Extracts deteriorate, while Alcoholic remain stable.

Therefore the assumption of pretentious manufacturers that the English Extracts are the superior preparations, must be based on a former supposition rather than present facts. The following analysis substantiates our claim regarding English Extracts.

ANALYSIS OF BELLADONNA PLASTERS, BY PROF. R. OGDEN DOREMUS.

"BELLEVUE HOSPITAL COLLEGE, New York, Sept. 7, 1878.

"GENTLEMEN—I obtained from Messrs. W. H. Schieffelin & Co., of this city, samples of Belladonna Plasters prepared by Grosvenor & Richards, Boston; Mitchell Novelty Plaster Works; Seabury & Johnson, New York and London. I have examined these varieties for the purpose of determining which possesses the largest quantity of Atropine. I employed equal surfaces of each, and *my analysis demonstrated that* SEABURY & JOHNSON'S *contains the greatest proportion* of the active principle of Belladonna.

"R. OGDEN DOREMUS, M.D., LL.D."

Belladonna Plaster, prepared by Seabury & Johnson, is packed in elegant tin cases, which contain 1 yard each, and can be obtained of almost any druggist throughout the United States and Canada, or will be furnished direct by mail. Samples sent on application.

SEABURY & JOHNSON,

Manufacturers of Medicinal and Surgical Plasters, in Rubber Combination,

21 PLATT STREET, NEW YORK.

ALWAYS SPECIFY SEABURY & JOHNSON'S PLASTERS.

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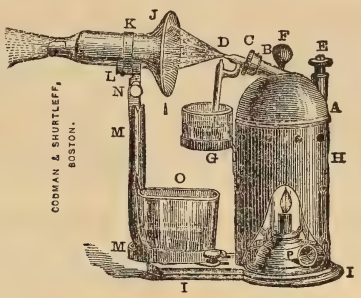
ATOMIZING APPARATUS.

PRICES REDUCED.



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All its joints are hard-soldered.

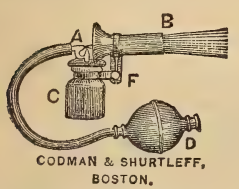
Every one is tested by hydrostatic pressure, to more than one hundred pounds to the square inch.

It cannot be injured by exhaustion of water, or any attainable pressure, and will last for many years.

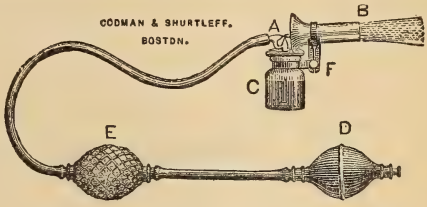
It does not throw spirts of hot water, is convenient, durable, portable, compact, and cheap, in the best sense of the word. Price $5.00. Postage 59c.

Brass parts, nickel-plated, additional, $2.00.

Neatly made, strong Black Walnut Box, with convenient Handle, additional, $2.50. Postage 44c.



THE BOSTON ATOMIZER. (Patented.)



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The most desirable Hand Apparatus. Rubber warranted of the very best quality. Valves imperishable, every one carefully fitted, and will work perfectly in all positions. Price $3.50.

The Bulbs are adapted to all the Atomizing Tubes made by us.

Each of the above Apparatus is supplied with two carefully-made annealed glass Atomizing Tubes, and accompanied with directions for use. Each Apparatus is carefully packed for transportation, and warranted perfect.

The Antiseptic Atomizer		*$15.00, $25.00, $45.00, and $50.00*
Atomizer by Compressed Air, with Regulating Self-acting Cut-off		*45.00*
Dr. Oliver's Atomizer		*4.00*
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Surgical Instruments and Medical Appliances of every description promptly repaired.

Having our Factory, with steam power, ample machinery, and experienced workmen, connected with our store, we can promptly make to order, in the best manner, and from almost any material, new instruments and apparatus, and supply new inventions on favorable terms. Instruments bearing our name are fully warranted. With hardly an exception they are the product of our own factory, and made under our personal supervision, by skilled workmen, who, being paid for their time, are not likely to slight their work through haste.

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Makers and Importers of Superior Surgical Instruments, etc., etc.,

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The Trommer Extract of Malt Company guarantee to the Medical Profession the excellent quality and absolute reliability of their Extract of Malt. and all its combinations.

Extract of Malt,

WITH COD-LIVER OIL,

FIRST PROPOSED BY DR. F. H. DAVIS, OF CHICAGO,

(See Transactions of American Medical Association, for 1876, page 176.)

Is presented to the medical profession as an efficient, palatable and very stable combination, consisting of equal parts of the ***Extract of Canadian Barley Malt*** and the best quality of genuine ***Norwegian Cod-liver Oil.*** Many patients take this preparation who cannot take the oil in any other form. It may be employed in all cases where Cod-liver Oil is appropriate, but is peculiarly adapted to those complicated with disordered digestion.

Extract of Malt,

WITH COD-LIVER OIL AND PHOSPHORUS,

Consists of equal parts of Extract of Malt and pure fresh Norwegian Cod-liver Oil, Phosphorus being added in the proportion of $\frac{1}{100}$ grain to the dose, and so combined as to be perfectly protected from oxidation. The ***Trommer Extract of Malt Company*** prepare this combination agreeably to the suggestion of ***Dr. Wilson Fox.*** It is specially adapted to cases of phthisis, bronchitis, pernicious anæmia, and diseases of the nervous system.

Extract of Malt,

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added in the proportion of one grain to the dose. This combination is intended to meet those cases where the physician desires to add a more energetic alterative and restorative to the treatment with Cod-liver Oil and Extract of Malt. The manufacturers have received numerous letters from prominent physicians, referring to it in terms of high praise.

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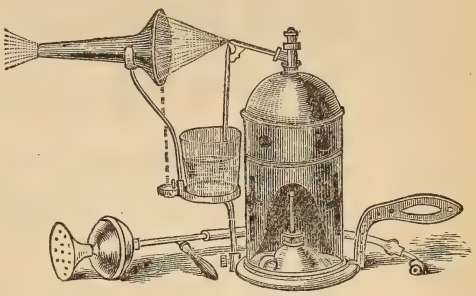
PERFECT STEAM ATOMIZER.

Price, with Handle and Glass Atomizing Tubes.....$4 50

With Glass and Metal Atomizing Tube, and Apparatus for giving fomentations to any part of the body..... 6 00

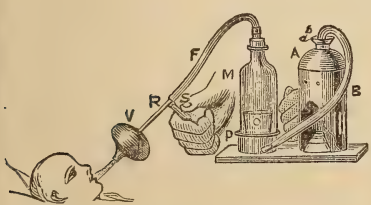
All joints are hard soldered. Every one is tested, and they cannot be injured by exhaustion of water. A perfect safety-valve, guaranteed to remain in thorough working order, and connections for steaming any part of the body locally, complete it.



Perfect Steam Atomizer.

The Apparatus for Steaming Locally.....$3 50
Antiseptic Atomizer, Nickel Plated, Throwing Spray for Two Hours.....$10 00 to 13 00
Stand, Throwing Spray in any Direction.....5 00

PERFECT CROUP BOTTLE.



Perfect Croup Bottle,
For confining and conducting lime-fumes and acid-vapors, in croup and diphtheria.

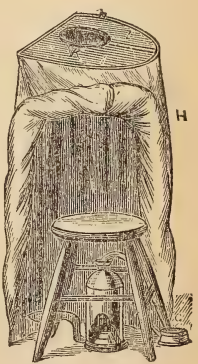
L is a tray with handle; *O* is a cup which is filled one-quarter full of lime, with sufficient water: the lime slackens as soon as it becomes hot, and the fumes escape through the nozzle. If acids are used, place them directly in cup *P*, so that the steam will pass through the fluids and evaporate them.

Price, complete, with nozzle for fomentations.....$5 00
Atomizer, with Croup-Bottle combined..... 9 00

MEDICATED STEAM BATH.

The Bath consists of a large boiler, four times the size of the Atomizer, a steam distributor, and a cloak.....$6 00
If with nozzle for local applications.....extra. 2 00

With box for carrying, 12x6x6.



Medicated Steam Bath.

For Sulphur and Mercurial Baths, a lamp to burn the ingredients is supplied, and also a rubber cloak, to which is attached a rubber tubing for the purpose of conveying the fumes out of the room, making it a perfect Sulphur Bath for family use and office practice.

Price of Sulphur Bath.....$15 00
With nozzle for local applications..... 17 00

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CITY OF NEW YORK.

MEMBER OF THE AMERICAN MEDICAL COLLEGE ASSOCIATION.

SESSIONS OF 1878-'79.

THE COLLEGIATE YEAR in this Institution embraces a preliminary Autumnal Term, the Regular Winter Session, and a Spring Session.

THE PRELIMINARY AUTUMNAL TERM for 1878-1879, will open on Wednesday, September 18, 1878, and continue until the opening of the Regular Session. During this term, instruction, consisting of didactic lectures upon special subjects and daily clinical lectures, will be given, as heretofore, by the entire Faculty. Students expecting to attend the Regular Session are strongly recommended to attend the Preliminary Term, but attendance during the latter is not required. *During the Preliminary Term, clinical and didactic lectures will be given in precisely the same number and order as in the Regular Session.*

THE REGULAR SESSION will begin on Wednesday, Oct. 2, 1878, and end about the 1st of March, 1879.

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FORDYCE BARKER, M. D.,
Professor of Clinical Midwifery and Diseases of Women.

AUSTIN FLINT, M. D.,
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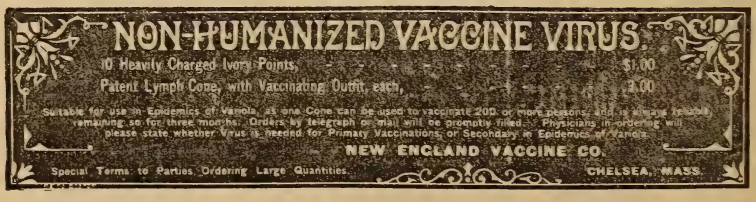
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This article, prepared from commercial Chinoidine, is a derivative of the alkaloid Quinine, and consists of the *Amorphous Quinine* of Liebig, or the *Diconchinia* of Hesse. Its composition is represented by $C_{40}H_{46}N_4O_3$, and its analogy to Quinine is shown by the following well-known tests:—

It produces, in slightly acidulated solutions, the fine green coloration (due to the formation of thalleioquin) upon the addition of *fresh* chlorine water, followed by solution of Ammonic Hydrate.

When in applying the above test the addition of Ammonia is preceded by solution Potassic Ferrocyanide, an evanescent red color is produced.

It is almost entirely soluble in Ether; completely so in Alcohol, and has the power of neutralizing acids common to the ordinary commercial alkaloid Quinine. It dissolves freely in the dilute mineral acids, forming fluorescent, slightly colored solutions, with the characteristic intensely bitter taste of Quinine.

When examined with a polariscope, it deflects the ray of polarized light to the right instead of the left; and hence, from its dextro-gyratory powers, and from its close analogy, both chemically and therapeutically to Quinine, we have named this article.

"DEXTRO-QUININE,"

And claim that it is equal to Sulphate of Quinine in the same dose, While it is less than one-half as costly as Sulphate of Quinine.

It may be obtained of Druggists throughout the country.
Samples for clinical use furnished free on application to

THE MANUFACTURERS,

KEASBEY & MATTISON, Chemists,

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CAUTION!!—SPECIFY McKESSON & ROBBINS'.

McKESSON & ROBBINS' GELATINE-COATED PILLS AND GRANULES.

(PROCESS AND MACHINERY PATENTED.)

OVAL IN FORM, RELIABLE, SOLUBLE.

Samples of our Pills furnished any Physician upon application.

CATHARTICS and LAXATIVES.

Aloes, 4 grs.
Aloes and Myrrh.
Aloin, 1 gr.
Calomel, 1-2, 1, 2, 3 and 5 grs.
Cathartic Compound, U. S.
Cathartic, Improved.
Cathartic, Vegetable.
Cook's.
Croton Oil, 1-2 gr.
Dinner, Cole's.
Dinner, Lady Webster's.
Hooper's, 2 1-2 grs.
Laxative, Cole's.
Podophyllin, 1-8, 1-4, 1-2 and 1 gr.
Podophyllin and Blue.
Podophyllin and Leptandrin.
Podophyllin, Capsicum and Belladonna.
Podophyllin Compound.
Podophyllin, Ext. Colocynth and Belladonna.
Poke Root Compound.
Rhubarb, U. S.
Rhubarb Compound, U. S.
Rhubarb Compound and Calomel.

GRANULES.

Aconitia, 1-60 gr.
Arsenious Acid, 1-50, 1-40, 1-30 and 1-20 gr.
Atropia, 1-60 gr.
Belladonna Extract, 1-4 gr.
Calcium, Sulphide, 1-10 gr.
Codeia, 1-16 and 1-5 gr.
Corros. Sublimate, 1-100, 1-40, 1-30 & 1-20 gr.
Digitalia, 1-60 gr.
Hydrastia, 1-2 gr.
Mercury, Bin-Iodide, 1-25 and 1-16 gr.
Mercury, Cyanide, 1-20 gr.
Mercury, Proto-Iodide, 1-5, 1-4 and 1-2 gr.
Morphia, Acetate, 1-8 and 1-4 gr.
Morphia, Muriate, 1-8 gr.
Morphia, Sulphate, 1-16, 1-10, 1-8, 1-6, 1-4 gr.
Morphia, Valerianate, 1-8 gr.
Podophyllin, 1-8 and 1-4 gr.
Quinine, 1-4 and 1-2 gr.
Strychnia, 1-100, 1-60, 1-40 and 1-30 gr.
Sulphur, Iodide, 1-25 and 1-10 gr.
Tartar Emetic, 1-100, 1-20 and 1-4 gr.
Zinc, Phosphide, 1-6, 1-4 and 1-2 gr.

VARIOUS FORMULAS.

Ammonium, Valerianate, 1 gr.
A convenient form of administration.
Assafœtida, 2 and 4 grs.
Assafœtida and Nux Vomica.
Made of purified Assafœtida.
Caffeia, Citrate, 1 gr.
Remedy and preventive in sick headache.
Calcium, Sulphide, 1-10 gr.
Scrofulous sores, &c.
Camphor, Mono-Bromated, 2 and 3 grs.
Hysteria, headache, nymphomania.
Cannabis Indica Extract, 1-2 and 1 gr.
Rheumatism, hysteria, delirium tremens.
Cerium, Oxalate, 1 and 2 grs.
Vomiting in pregnancy.
Coca Extract, 1 gr.
Tonic and stimulant.
Copaiba and Oleo-Resin Cubeb, 3 and 5 grs.
Of pure materials; can be relied upon.
Ergotin, 3 grs.
Made of purified Ergotin.
Fucus Vesiculosus Extract, 3 grs.
To decrease excessive obesity.
Grindelia Robusta Extract, 3 grs.
Hay fever, asthmatic affections.
Guarana Extract, 3 grs.
Headache, neuralgia.
Hypophosphites Compound.
A convenient form of administration.
Iodide of Iron (Blancard's), 1 gr.
Freshly prepared; superior to the imported.
Iron, Dialysed, 2 grs.
Made of Merck's scales.
Jaborandi Extract. 3 grs.
Diaphoretic and sialogogue.
Lithium, Bromide, 2 grs.
A better hypnotic than Brom. Pot.
Phosphates Iron, Quinine and Strychnine.
A tonic more convenient than the syrup.
Phosphorus, 1-100, 1-50, 1-30, 1-20, 1-12 gr
And over 20 combinations.
Salicin, 2 1-2 and 5 grs.
Useful in rheumatism.
Salicylic Acid, 2 1-2 and 5 grs.
Salicylic Acid and Morphine.
Valuable in rheumatism.
Sandal Wood Extract, 1 and 2 grs.
Contains both the oil and resin.
Sumbul Extract, 1 gr
Hysteria, spasmodic disorders.
Zinc, Phosphide, 1-6, 1-4 and 1-2 gr.
Zinc, Phosphide and Extract Nux Vomica.
Brain diseases.

Our Formula Book, (fourth edition containing complete list of all our pills with formulas and therapeutical notes, together with partial list of our fluid extracts, with doses, furnished upon application. As we desire to *improve in every* particular, we will be grateful to any Physician who will write us regarding his experience with our Gelatine-Coated Pills and other preparations, or make any suggestions.

McKESSON & ROBBINS, Manufacturing Chemists,

91 Fulton Street, New York.

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LIQUID
Pancreopepsine
(DIGESTIVE FLUID.)

THIS preparation contains, in an agreeable form, the natural digestive and assimilative principles, **Pancreatine, Pepsine, Lactic** and **Muriatic Acids.** The best means of re-establishing digestion in enfeebled stomachs, where the power to assimilate and digest food is impaired, is to administer principles capable of communicating the elements necessary to convert food into nutriment. The value of **Liquid Pancreopepsine** in this connection has been fully established and we can recommend it with confidence to the Profession as superior to Pepsin alone. It aids in digesting animal and vegetable cooked food, fatty and amylaceous substances, and may be employed in all cases where, from prolonged sickness or other causes, the alimentary processes are not in their normal condition.

It is usually given in tablespoonful doses after each meal.

PUT UP IN 16 OUNCE FRENCH SQUARE BOTTLES.

Price, $1.00 Per Bottle,
" 10.00 " Doz. Bottles.

WILLIAM R. WARNER & CO.

MANUFACTURERS OF

SUGAR-COATED PILLS.

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SOLUTION
FERROUS CHLORIDE.

This Solution of Iron is the lowest form of Chloride. It is much less styptic in taste than Tr. Iron Chloride, consequently pleasanter to the patient; it is much more easily assimilated by weak and irritable stomachs.

Knowing how difficult it is to introduce into the blood, in a proper form, a sufficient quantity of iron to be beneficial, we have manufactured and introduce the **Ferrous Chloride** as being easily absorbed and acting with much efficacy, even when given in small doses.

Dr. Rabuteau, who has specially studied the protochloride of iron, and shown that it is the most natural of ferruginous salts, thinks that he has found the very thing required:—

EXTRACT FROM THE REPORTS OF THE ACADEMY OF SCIENCES OF PARIS.
(*Sitting of* 11 *December*, 1871.)

"..... The most important thing is the facility with which the protochloride of iron is absorbed by the stomach. Two or three hours after from 4 to 10 grains of this salt have been ingested, almost the whole is absorbed. Having finally observed that the reduced iron and the ferruginous oxyds and carbonates are changed into protochloride in the stomach by the contact with the hydrochloric acid of the gastric juice, I thought it necessary to substitute this salt for all the preceding for medicinal purposes. My observations in the wards of hospitals and in my own practice have convinced me of the successful results of the protochloride of iron, which is easily borne when pure and administered in a proper way."

For details, see the memoirs on the protochloride of iron published in the *Union Médicale, Paris*, 1871 and 1872.

Each fluid drachm contains two grains of the Anhydrous **Ferrous Chloride.**

CASWELL, HAZARD & CO., Druggists and Chemists,
New York.

APOLLINARIS
NATURAL MINERAL WATER.
HIGHLY EFFERVESCENT.

Approved by the Academy of Medicine of France, and its sale in France authorized by special decree of the French Government.

"THE QUEEN OF TABLE WATERS."—*London Medical Record.*

PROFESSOR OSCAR LIEBREICH, Professor of Medical Chemistry, University of Berlin:—"After minute personal investigation, I can affirm that the Apollinaris Water is bottled according to all the rules of science, and is an entirely Natural Mineral Water."

PROFESSOR J. A. WANKLYN, Lecturer on Chemistry, St. George's Hospital, London:—"I have thoroughly examined the Apollinaris Spring and the method of bottling. The Apollinaris Water, as supplied to the public, is simply and purely a Natural Mineral water, impregnated only with its own gas."

PROFESSOR MOHR, Medical Councillor, University of Bonn:—"After exhaustive investigation, I declare the Apollinaris Water, as supplied to the public, to be purely natural in every respect, and of most excellent quality."

DR. THEODOR KYLL, Analytical Chemist, Town Councillor, Cologne (*expert appointed by United States Vice-Consul, October*, 1877), reported that "The Apollinaris Water, as bottled, deserves in every respect the name of an excellent natural acidulated water."

Every Genuine Bottle bears the REGISTERED YELLOW PICTORIAL LABEL of the Apollinaris Company, Limited, London.

To be had of all Wine Merchants, Grocers, Druggists, and Mineral Water Dealers throughout the United States, and Wholesale of

FREDK. DE BARY & CO., Sole Agents,
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LEBAIGUE'S
DIALYSED IRON,
OR
PURE PEROXIDE OF IRON,
IN SOLUTION, WITHOUT THE AID OF ACIDS OR OTHER SOLVENTS.

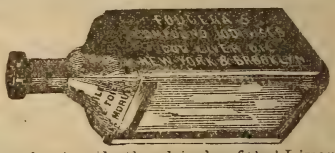
It is nearly tasteless, does not blacken the teeth, is very readily absorbed, will not constipate, nor cause any disturbance of the digestive apparatus, and is tolerated by persons who could not support any other preparation of iron. It is offered in the form of a **solution**, which is generally preferred; or of an **elixir**, when a slight stimulant is desired.

DOCTOR GIBERT'S
DEPURATORY SYRUP AND DRAGEES,
OF IODIZED DEUTO-IODIDE OF MERCURY.

These preparations have been approved by the Academy of Medicine of Paris, and have been thoroughly tested in the hospitals of Paris in the treatment of *Syphilitic, Scrofulous* and other affections requiring the use of iodized remedies.
They are recommended for the utmost accuracy of composition, and their perfect preservation.

Prepared by VAUQUELIN-DESLAURIERS, Chemist, Paris.

FOUGERA'S COMPOUND IODINISED
COD LIVER OIL.



Since the introduction of this oil in 1858, it has been found to be superior to all other kinds of Cod Liver Oil for the treatment of **General Debility, Consumption, Scrofula, Rickets, etc.**
It possesses not only all the **nourishing** qualities of the best Cod Liver Oil, but also the **tonic, stimulant** and **alterative** properties of **Iodine, Bromine** and **Phosphorus**, which are added in such proportions as to render it therapeutically five times as efficacious as pure Cod Liver Oil.
Through its **increased curative action, FOUGERA'S COD LIVER OIL** will be found to cure disease in a much shorter time than the pure oil; while favorable results will be obtained by its use in many advanced cases when the pure Cod Liver Oil would fail entirely.

FOUGERA'S READY-MADE MUSTARD PLASTERS.

A most useful, convenient, clean, and economical preparation. Not liable to change, if kept in a dry place. Made of two strengths. Plasters No. 1, of pure mustard; Plasters No. 2, of one-half mustard. Price 40 cents, the tin box, or tin roll, of 10 plasters each. DIRECTIONS.—Dip the Plaster, or Plasters, a minute or two, in cold water; apply on the part, and cover with a band.

FOUGERA'S COMPOUND ICELAND MOSS PASTE.

(Iceland Moss, Lactucarium Ipecac and Tolu.)

Used with great success against nervous and convulsive coughs, Whooping Cough, Acute Bronchitis, Chronic Catarrh, Influenza, etc.
Wakefulness, Cough, and other sufferings in Consumption, are greatly relieved by the soothing and expectorant properties of this Paste.

FOUGERA'S IODO-FERRO-PHOSPHATED ELIXIR OF HORSE-RADISH.

This Elixir contains Iodine, Pyrophosphate of Iron, the active principles of antiscorbutic and aromatic plants, and acts as a **tonic, stimulant, emmenagogue,** and a **powerful regenerator of the blood.** It is an invaluable remedy for all constitutional disorders due to the impurity and poverty of the blood. One of the advantages of this new preparation consists in combining the virtues of Iodine and Iron without the inky taste of Iodide of Iron.

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SOLE PROPRIETOR & MANUFACTURER of the ABOVE,
To whom all special communications should be addressed.

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30 North William Street, New York,
SOLE GENERAL AGENTS for the ABOVE,
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SOLD BY DRUGGISTS GENERALLY.

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KNIGHT OF THE LEGION OF HONOUR

K^T OF THE ORDER OF LEOPOLD	OFF^R OF THE ORDER OF ST MAUR & ST LAZ	COMM^DS OF THE ORDER OF CHAS. III.	COMM^DR WITH THE STAR OF THE ORDER OF ISABELLA LA CATOLICA	COMM^DR WITH THE STAR OF THE ORDER OF CHRIST	GRAND OFFICER OF THE ORDER OF THE LION & SUN	OFF^R OF THE ORDER OF THE MEDJIDIE
BELGIUM	ITALY	SPAIN	SPAIN	FRANCE	PORTUGAL	PERSIA	TURKEY

LIGHT-BROWN
COD LIVER OIL

SELECT MEDICAL OPINIONS.

Sir HENRY MARSH, Bart., M.D., T.C.D.,
Physician in Ordinary to the Queen, in Ireland.

"I have frequently prescribed Dr. De Jongh's Light-Brown Cod-Liver Oil. I consider it to be a very pure oil, not likely to create disgust, and a therapeutic agent of great value."

Dr. JONATHAN PEREIRA, F.R.S.,
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"The Elements of Materia Medica and Therapeutics."

"It was fitting that the author of the best analysis and investigations into the properties of Cod-Liver Oil should himself be the purveyor of this important medicine. I know that no one can be better, and few so well, acquainted with the physical and chemical properties of this medicine as yourself, *whom I regard as the highest authority on the subject.* The Oil is of the very finest quality, whether considered with reference to its color, flavor, or chemical properties; and I am satisfied that for medicinal purposes no finer oil can be procured."

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"We think it a great advantage that there is one kind of Cod-Liver Oil which is universally admitted to be genuine—the Light-Brown Oil supplied by Dr. De Jongh. It has long been our practice, when prescribing the Oil, to recommend this kind, since, amidst so much variety and uncertainty, we have confidence in its genuineness."—(Extract from "Consumption: Its Early and Remediable Stages.")

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"I have always recognized your treatise on Cod-Liver Oil as the best on the subject, and adopted its conclusion as to the superiority of the Light-Brown over the Pale Oil. I have the less hesitation in expressing myself in this sense since I am only endorsing the opinion sent to you more than twenty years ago by Dr. Pereira, my illustrious predecessor in the chair of Materia Medica at the London Hospital."

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Physician and Lecturer on Forensic Medicine, Westminster Hospital.

"The experience of many years has abundantly proved the truth of every word said in favor of Dr. De Jongh's Light-Brown Cod-Liver Oil by many of our first Physicians and Chemists, thus stamping him as a high authority and an able Chemist, whose investigations have remained unquestioned."

Dr. LETHEBY,
Medical Officer of Health, and Chief Analyst to the City of London.

"In all cases I have found Dr. De Jongh's Light-Brown Cod-Liver Oil possessing the same set of properties, among which the presence of cholaic compounds, and of iodine in a state of organic combination, are the most remarkable. It is, I believe, universally acknowledged that this Oil has great therapeutic power; and, from my investigations, I have no doubt of its being a pure and unadulterated article."

Dr. BANKS,
King's Professor of the Practice of Physic at the University of Dublin.

"I have, in the course of my practice, extensively employed Dr. De Jongh's Light-Brown Cod-Liver Oil, and I have no hesitation in stating that I consider it the best of all the specimens of oil which have ever come under my notice. The fact of so able and accurate an observer as Dr. De Jongh subjecting the Oil to careful analysis previous to its exposure to sale, is a sufficient guarantee of its purity and excellence."

Dr. EDGAR SHEPPARD,
Professor of Psychological Medicine, King's College, London.

"Dr. Sheppard has made extensive use of Dr. De Jongh's Light-Brown Cod-Liver Oil, and has great pleasure in testifying to its superiority over every other preparation to be met with in this country. It has the rare excellence of being well borne and assimilated by stomachs which reject the ordinary Oils."

DR. DE JONGH'S LIGHT-BROWN COD-LIVER OIL is supplied ONLY in bottles sealed with BETT'S Patent Capsule, impressed on the top with Dr. DE JONGH'S Stamp, and on the side with his Signature, and the Signature of ANSAR, HARFORD & CO., and bearing under the wrapper a Label with the same Stamp and Signatures. WITHOUT THESE MARKS NONE CAN POSSIBLY BE GENUINE.

Sold in IMPERIAL half-pints, $1.00, by the Principal Druggists in the UNITED STATES.

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PNEUMATIC ASPIRATION,

AFTER THE MANNER OF DIEULAFOY.

"It is always possible, owing to Aspiration, to search for a fluid collection without any danger, whatever may be its seat or its nature."

"I have thrust these needles into almost every part of the body; into the Joints, the Liver, the Spleen, the Bladder, the Intestines, the Lungs and the Meninges; and I can affirm, and a great number of observers affirm with me, that we have never seen consecutive accidents."—*Dieulafoy on Pneumatic Aspiration*, pp. 21, 24.

We invite the attention of the Medical Profession to this New Apparatus for Aspiration, constructed upon the general plan of Potain's modification of Dieulafoy's Aspirator, but containing the following improvements and inventions of our own:—

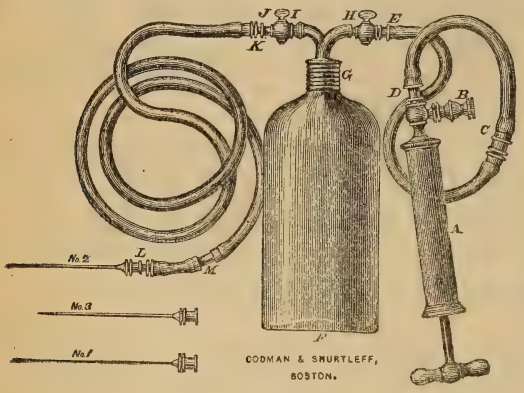

Fig. 68.

Fig. 78.

The Stopper and Cocks supplied with Apparatus No. 2.

Fig. 77.

1st. Means of changing the pump from an exhaust to a force-pump, and *vice versa*, thereby enabling the operator not only to draw an abnormal fluid, but to inject the cavity through the tubes and needle of the apparatus with one adapted to induce healthy action.—*See Dieulafoy on Aspiration*, pp. 276, 278.

2d. The employment, in our apparatus No. 1, of a metal Screw Cap, fitting the neck of the receiver supplied with this apparatus so securely that it cannot be forced from its place by condensed air while injecting, or accidentally removed while the receiver is in a state of vacuum for aspiration

3d. The substitution, for the ordinary oiled silk valves of other apparatus, of a kind indestructible, both in form and material.

4th. A simple and comparatively inexpensive attachment for evacuating the contents of the stomach, equal, if not superior, to any in use hitherto.

Commendations bestowed upon our Aspirators, by physicians familiar with the latest European and American ones, lead us to believe that, in some important particulars, at least, they are superior to any.

In his work on Pneumatic Aspiration, Dieulafoy shows the harmlessness of the Aspiratory puncture, and its great superiority to the Exploring Trocar as a means of accurate diagnosis in all collections of Pathological Fluids. It has been used with unprecedented success in the Retention of Urine, Reduction of Strangulated Hernia, in Ascites, Hydrothorax, Empyema, Pneumothorax, Effusions into the Pericardium, Serous, Purulent and Hematic Effusions of the Knee, Hydrocele, Hydatid Cysts, Abscesses of the Liver, and in various other Pathological Lesions.

PRICES OF APPARATUS.

No. 1. Air Pump—exhaust or condensing as described; 16 oz. receiver, of strong glass, with screw-cap; three steel, gold plated Aspiratory Needles, together with the necessary tubes, stop-cocks, etc., as shown in Fig. 77, fitted in a neat case, accompanied with printed directions $16.00. Postage 64 cents.

No. 2. The same, without receiver, and with rubber stopper (see Fig. 78) to fit almost any bottle of quart capacity, or less, instead of screw-cap arrangement, also with printed directions $14.00. Postage 32 cents.

No. 3. Dieulafoy's Notched Aspirator, Nickel-plated, with two Needles, Tubes, etc., in case..... $14 00

No. 4. Stomach Attachment, as described, adapted to pump accompanying Nos. 1 and 2, additional $6.00. Postage 22 cents.

The foregoing are the product of our own factory, and are warranted in every respect.

Also, **Dieulafoy on Pneumatic Aspiration,** post-paid, by mail, on receipt of..... 3 40

☞ *Full description on application.*

An illustrated Catalogue of Surgical Instruments, also a New Pamphlet on Atomization of Liquids, with description of Improved Apparatus and Formulæ of Remedies successfully employed, will be forwarded, post-paid, on application.

CODMAN & SHURTLEFF,

Makers of Surgical Instruments,

13 and 15 Tremont Street, Boston.

N. B.—See our other advertisement in alternate numbers of the REPORTER. 1088-1139eow

☞ In corresponding with Advertisers please mention the MEDICAL AND SURGICAL REPORTER.

TROMMER'S EXTRACT OF MALT.

The rapidly increasing demand for our IMPROVED EXTRACT OF MALT, during the four years that it has been manufactured and offered to the medical profession in America, justifies the belief that in its production here we are meeting a generally felt want.

Long experience in manufacturing Malt Extract has enabled us to completely overcome the many difficulties attending its manufacture in large quantities; and we positively assure the profession that our Extract of Malt is not only perfectly pure and reliable, but that it will keep for years, in any climate, without fermenting or moulding, and that its flavor actually improves by age. Our Extract is guaranteed to equal, in every respect, the best German make, while, by avoiding the expenses of importation, it is afforded at less than half the price of the foreign article.

The Malt from which it is made is obtained by carefully malting the very best quality of selected Toronto Canada Barley. The extract is prepared by an *improved process*, which prevents injury to its properties or flavor by excess of heat. **It represents the soluble constituents of Malt and Hops**, viz: MALT SUGAR, DEXTRINE, DIASTASE, RESIN and BITTER of HOPS, PHOSPHATES of LIME and MAGNESIA, and ALKALINE SALTS.

Attention is invited to the following analysis of this Extract, as given by S. H. Douglas, Professor of Chemistry, University of Michigan, Ann Arbor.

TROMMER EXTRACT OF MALT CO:—I enclose herewith my analysis of your Extract of Malt:—
Malt Sugar 46.1; Dextrine, Hop-bitter, Extractive Matter, 23.6; Albuminous Matter (Diastase), 2.469; Ash—Phosphates, 1.712. Alkalies .377; Water, 25.7; Total, 99.958.
In comparing the above analysis with that of the Extract of Malt of the German Pharmacopœia, as given by Hager, that has been so generally received by the profession, I find it to substantially agree with that article.

Yours truly, SILAS H. DOUGLAS,
Prof. of Analytical and Applied Chemistry.

This invaluable preparation is highly recommended by the medical profession, as a most effective therapeutic agent, for the restoration of delicate and exhausted constitutions. It is very nutritious, being rich in both muscle and fat-producing materials.

The very large proportion of *Diastase* renders it most effective in those forms of disease originating in *imperfect digestion of the starchy elements* of food.

A single dose of the Improved Trommer's Extract of Malt contains a larger quantity of the active properties of Malt than a pint of the best ale or porter; and not having undergone fermentation, is absolutely free from alcohol and carbonic acid.

The dose for adults is from a dessert to a tablespoonful three times daily. It is best taken after meals, pure, or mixed with a glass of milk, or in water, wine, or any kind of spirituous liquor. Each bottle contains 1½ pounds of the Extract.

Our preparations of Malt are for sale by druggists generally, throughout the United States and Canada, at the following prices:—

EXTRACT OF MALT,			*With Hops (Plain)*,	$1.00
"	"	"	*Pyrophosphate of Iron (Ferrated)*,	1.00
"	"	"	*Cod Liver Oil*,	1.00
"	"	"	*Cod Liver Oil and Iodide of Iron*,	1.00
"	"	"	*Cod Liver Oil and Phosphorus*,	1.00
"	"	"	*Hypophosphites*,	1.50
"	"	"	*Iodides*,	1.50
"	"	"	*Alteratives*,	1.50
"	"	"	*Citrate of Iron and Quinia*,	1.50
"	"	"	*Pepsin*,	1.50

MANUFACTURED BY

TROMMER EXTRACT OF MALT CO.,

FREMONT, OHIO.

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TO THE MEDICAL PROFESSION.

MALTINE.

(Extract of Malted Barley, Wheat & Oats.)

THIS PREPARATION

Contains from three to five times the Medicinal and Nutritive elements found in Extract of Malt.

MALTINE is a highly concentrated extract of malted *Barley*, *Wheat*, and *Oats*, containing, undiminished and unimpaired, all the medicinal and nutritious principles found in these cereals. By the most carefully conducted scientific process we are enabled to offer to the medical profession a perfect article, possessing from *three* to *five times* the therapeutic and nutritive merit of any foreign or domestic Extract of Malt.

In support of our claims we invite the attention of the profession to the following points, viz.:

FIRST.—In the manufacture of **MALTINE** the evaporation necessary to reduce it to its great density is conducted in vacuo, at a temperature ranging from 100° to 120° Fahr.; while most manufacturers of Extract of Malt resort to "open pan" or low pressure steam boiling, by neither of which processes can the extract be so produced as to preserve the Diastase, Phosphates, and Albuminoids, on which its remedial value so greatly depends, and the product is either of a dark color or of low specific gravity, possessing little virtue aside from the saccharine matter which it contains.*

SECOND.—*Carbon*, *Hydrogen*, *Nitrogen*, *Sulphur*, *Iron*, *Magnesium*, and *Potassium*, are essential elements in the food of man, and it is only in **MALTINE**, containing the combined properties of malted *Barley*, *Wheat*, and *Oats*, that all these principles can be found in the proper proportions; Extract of Malt made from *Barley alone* is wanting in some of the most important of these elements.

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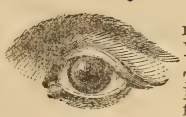

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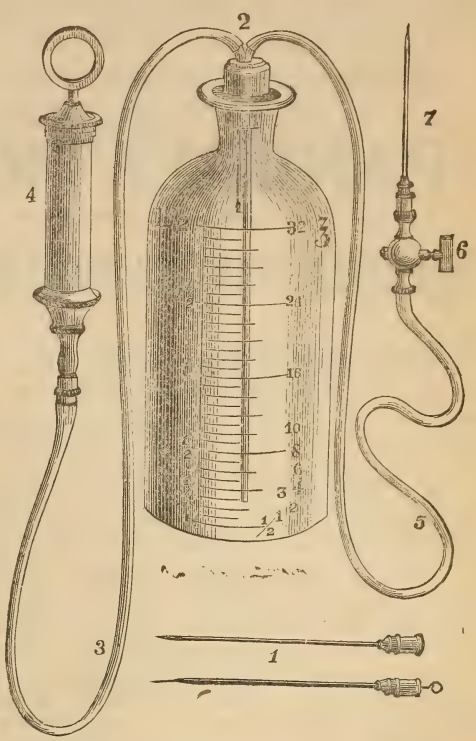

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	Test solution requisite for 100 c. c. of Ext. Solution.	Percentage of Atropia in Extract.
EXT. BELLADONNÆ ALCOH. U. S. P.	*17·732*	*2·571*
GEO. ALLEN & CO., English	*9·73*	*1·411*
HERRINGS & CO., " ...	*8·133*	*1·179*
E. MERCK, Germany (aqueous extract), made 1869	*1·9*	*·275*

This analysis clearly establishes the fact that the **Alcoholic Extract of Belladonna of the U. S. P. averages over twice the strength of English Extracts**, and should, therefore, be preferred in all cases where a reliable article is desired. Inspissated and Aqueous Extracts deteriorate, while Alcoholic remain stable.

Therefore the assumption of pretentious manufacturers that the English Extracts are the superior preparations, must be based on a former supposition rather than present facts. The following analysis substantiates our claim regarding English Extracts.

ANALYSIS OF BELLADONNA PLASTERS, BY PROF. R. OGDEN DOREMUS.

"BELLEVUE HOSPITAL COLLEGE, New York, Sept. 7, 1878.

"GENTLEMEN—I obtained from Messrs. W. H. Schieffelin & Co., of this city, samples of Belladonna Plasters prepared by Grosvenor & Richards, Boston; Mitchell Novelty Plaster Works; Seabury & Johnson, New York and London. I have examined these varieties for the purpose of determining which possesses the largest quantity of Atropine. I employed equal surfaces of each, and *my analysis demonstrated that* SEABURY & JOHNSON'S *contains the greatest proportion* of the active principle of Belladonna.

"R. OGDEN DOREMUS, M.D., LL.D."

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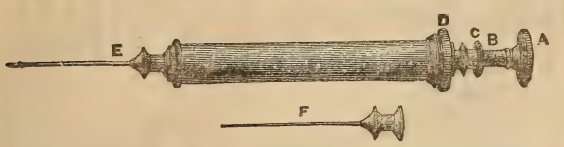


FIG. 48.—No. 2.

These cuts (two-thirds the actual size) represent a New Hypodermic Syringe of our Manufacture. With the exception of the needles, it is of German Silver, a material chosen as possessing, next to steel, the greatest rigidity and durability, while free from liability to oxydation. The barrel is formed by a process peculiar to ourselves, securing uniformity of calibre without soldered joint or seam. It is plated inside and outside with nickel. The piston is packed in the double parachute form, with leather prepared expressly for the purpose. It will be found to retain its elasticity, to operate smoothly, to resist all tendency of fluid to pass above, as of air below it. A nicely-engraved scale upon the piston-rod indicates minims, thirty being the capacity of the syringe.

Syringes Nos. 2, 3, and 4 have also a screw thread upon the piston-rod, and a traverse nut, thereby favoring the utmost nicety in the graduation of doses.

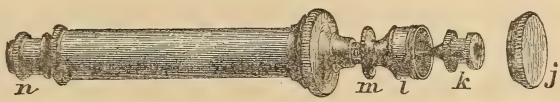
No. 3, Compact, has hollow piston-rod to receive one needle, also a protecting cover and fluid retainer; it may be carried in the Pocket Instrument or Vial Case, or without any case.

No. 4, Compact, is like No. 3, with the addition of a second needle, carried upon the syringe in the usual place, protected by a metal shield.

Nos. 1 and 2 are put up in neat morocco-covered case, with vial.

Two sizes of needles are furnished with each instrument, Nos. 1, 2, and 4; one only with No. 3. They are of refined steel, carefully tempered, and thoroughly plated with gold; they are of small diameter and large relative calibre, sharpened to such an angle as will offer least resistance to penetration, and therefore cause least pain. At the point of union with the socket they are reinforced with an outer covering of German silver, thereby overcoming the tendency to become broken at this place. They are connected with the barrels by a screw thread.

Prices: No. 1, *$3.50* No. 2, *$4.00* Postage, .03
" No. 3, *2.50* No. 4, *3.50* " .02



No. 3.

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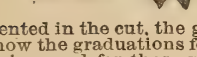
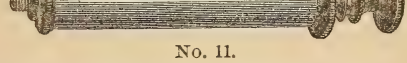
No. 7, glass-barrel, graduation engraved on barrel, with screw nut on piston, nickel-plated mountings, two best steel gilt needles, in neat case	*$3.00*	.02
No. 9, glass, graduation engraved and numbered on piston-rod, with screw nut, best steel gilt needles, in neat case	*3.00*	.02
No. 7 or No. 9, with two steel unplated needles either	*2.50*	.02
No. 10, glass, Luer's (French), graduation as No. 9, one gold needle and two steel needles, silver mountings, neat velvet-lined morocco case	*12.00*	.02
No. 11, glass cylinder, fenestrated, nickel-plated metal mounting (see cut).		





No. 11.

		Postage.
As represented in the cut, the glass cylinder is encased in a metal mounting, fenestrated to show the graduations for minims. The instrument may readily be taken apart for cleaning, and for those who prefer glass, is recommended for its non-liability to breakage. Price, with two best steel gilt needles, in a neat case	*$3.50*	.02

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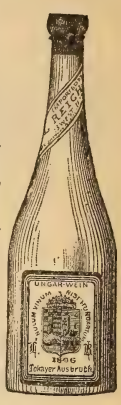

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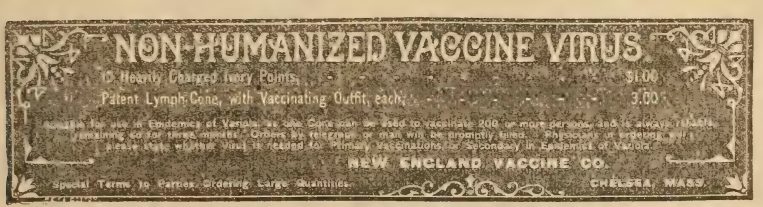

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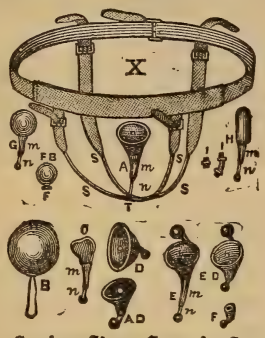

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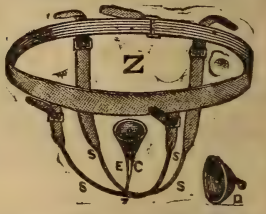

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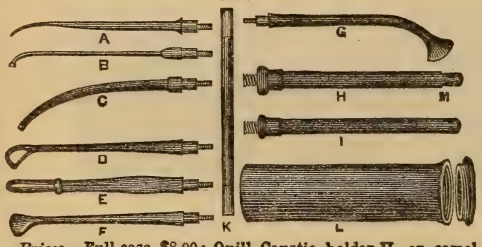

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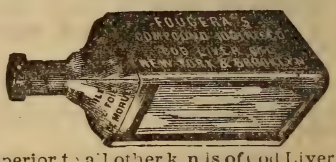

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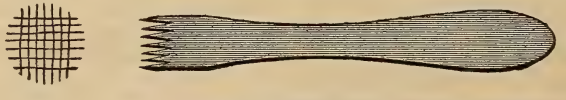

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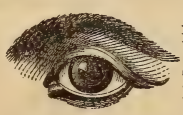

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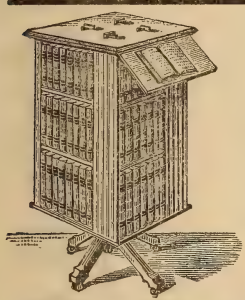

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